

R
11
937
u.5
no.2
Biological
& Medical
Serials
Vol. 5 no. 2
WHOLE No. LI.

SEPTEMBER, 1876.

CANADA MEDICAL AND SURGICAL JOURNAL.

Contents.

ORIGINAL COMMUNICATIONS.

Case of Sycosis,—treated by Carbolic
Acid and Canada Balsam.—By
G. A. Starke, M.D., Milwaukee. 97

Case of Sunstroke treated by Qui-
nine.—By Dr. Drake..... 99

Proceedings of the Annual Meeting
of the Canadian Medical Asso-
ciation..... 100

HOSPITAL REPORTS.

Malignant disease of the peritoneum
complicated with Phthisis pul-
monalis.—Under Dr. Drake... 110

Glioma of the Corpus Striatum.—
Autopsy.—Under Dr. Ross..... 113

REVIEWS AND NOTICES OF BOOKS.

Medical Thermometry and Human
Temperature.—By E. Seguin,
M.D..... 115

A Contribution to the Medical
History of our West African
Campaigns.—By Surgeon-Major
Albert A. Gore, M.D., late 34th
Regt., Sanitary officer on the
Staff of the Quarter-Master
General's department during
the Ashanti war of 1873..... 118

SELECTIONS.

Torsion versus Ligature of large
Arteries..... 120

On Parametritis.—By Dr. S. Kish,
of Prague, Physician to the
Marienbad Water Cure Estab-
lishment, &c..... 121

Phosphorus in Nervous Diseases.
By E. Lemaire..... 125

Congenital Absence of Rectum - By
Mr. Howard Marsh..... 126

Treatment of Diptheritic Paralysis.
By Sir J. Rose Cormack..... 127

The Modern Neglect of Calomel... 129

Treatment of Internal Diseases... 133

Salicylic Acid as an Antipyretic.—
By S. Wolffberg..... 135

Chloral in Tetanus..... 137

Hypodermic Injections. — By Dr.
Jacubowitz..... 137

Obliteration of Depressed Cicatrices.
By Mr. Wm. Adams..... 138

Ablation of the Cuboid Bone.—By
Dr. H. J. Little..... 139

Personal..... 139

EDITORIAL.

Reports of the Medical Officers of
Health of the City of Montreal. 140

Pharmaceutical Chemistry at the
Centennial..... 144

All Communications, Exchanges, and Books for Review, must be addressed to
the Editor, GEO. E. FENWICK, M.D., Drawer 386, Post office, Montreal, and Post-
paid. Communications for insertion must be received before the 15th of the
month.

Montreal:

PRINTED AT THE "GAZETTE PRINTING HOUSE.

TERMS: \$3 PER ANNUM, IN ADVANCE.

SAVORY & MOORE, 143, New Bond Street, London, beg to call the attention of the Profession generally, to some of the later preparations brought out in England, the purity, and uniform strength of which can be guaranteed.



SAVORY & MOORE'S GENUINE PANCREATIC EMULSION AND PANCREATINE.

In Diseases where Wasting, Loss of Power of Digestion and Assimilation are prominent symptoms, the Pancreatic Emulsion and Paucereatine are the most potent Remedial Agents. When Cod-liver Oil fails to increase weight, or cannot be tolerated by the stomach, the Pancreatic Preparations are the only remedies which can supply its place, and gives the power of digesting the Oil.

PANCREATISED COD-LIVER OIL :

a reliable combination of Pancreatine with the Oil, rendering its digestion easy and rapid

PANCREATINE WINE.

For the Digestion of Cod-liver Oil, solid Fat, and Food generally. The Wine and Cod-liver Oil readily form an Emulsion when shaken together in equal proportions.

PHOSPHORISED COD-LIVER OIL WITH QUININE.

PHOSPHORUS PILLS—PURE—

Of all sizes and strengths, non-resinous and perfectly soluble. Most of the uncertainty of operation experienced in the internal administration of Phosphorus, may be traced to the use of Oxydised, or Allotropic Phosphorus, preparations which are less active, and more uncertain.

PEPTODYN, the New Digestive,

Digests all kinds of Food—the Farinaceous, Fibrinous, and Oleaginous, being a combination of the several active principles of the digestive secretions, Peptic, Pancreatic, &c.

Five grains of Peptodyn (Powder) digests—100 grains of coagulated Albumen, 100 grains of Fat, 100 grains of Starch,

BEST FOOD FOR INFANTS.

As supplied to the Royal Families of England and Russia.



Feeding Infants on the best, *i. e.* the most *nourishing* and *easily digested*, Food has recently occupied much of the attention of the Profession, and the fallacy and danger of *employing Starch* in the form of *Corn Flour* and other *high-sounding titles* has been repeatedly pointed out.

This Food resembles Mother's Milk more closely than any other kind, perfectly fulfilling its object, that of promoting the GROWTH and HEALTH of the Child.

DATURA TATULA, for Asthma

and Chronic Bronchitis. Recommended by the Profession as a remedy of great power and usefulness in cases of short and difficult breathing, spasmodic Coughing, &c. Grown by SAVORY & MOORE, and prepared in all forms for smoking and inhalation.

Wholesale Agents for Canada Messrs. LYMANS, CLARE & CO., Montreal,
LYMAN BROTHERS & CO., TORONTO.

Retail of the Principal Druggists in the Dominion and America.

UNIVERSITY OF THE CITY OF NEW YORK

MEDICAL DEPARTMENT.

410 East Twenty-sixth St., opposite Bellevue Hospital, New York City.

THIRTY-SIXTH SESSION.—1876-77.

FACULTY OF MEDICINE.

REV. HOWARD CROSBY, D.D., LL.D.,
Chancellor of the University.

MARTYN PAINE, M.D., LL.D.,
Emeritus Professor of Materia Medica and Therapeutics.

ALFRED C. POST, M.D., LL.D.,
*Emeritus Professor of Clinical Surgery ;
President of the Faculty.*

CHARLES A. BUDD, M.D.,
Professor Emeritus of Obstetrics, Diseases of Women and Children.

JOHN C. DRAPER, M.D., LL.D.,
Professor of Chemistry.

ALFRED L. LOOMIS, M.D.,
Professor of Pathology and Practice of Medicine

WILLIAM DARLING, A.M., M.D., F.R.C.S.,
Professor of Anatomy.

WILLIAM H. THOMSON, M.P.,
Professor of Materia Medica and Therapeutics.

J. W. S. ARNOLD, M.D.,
Professor of Physiology.

JOHN T. DARBY, M.D.,
Professor of Surgery.

CHARLES INSLEE PARDEE, M.D.,
Professor of Diseases of the Ear ; Dean of the Faculty.

FANEUIL D. WEISSE, M.D.,
Professor of Practical and Surgical Anatomy.

R. A. WITTHAOS, JR., M.D.,
Associate Professor of Chemistry & Physiology.

J. WILLISTON WRIGHT, M.D.,
Lecturer on Obstetrics, Diseases of Women and Children.

JOSEPH W. WINTER, M.D.,
Demonstrator of Anatomy.

POST GRADUATE FACULTY.

D. B. ST. JOHN ROOSA, M.D.,
Professor of Ophthalmology and Otology.

WM. A. HAMMOND, M.D.,
Professor of Diseases of the Mind and Nervous System.

MONTROSE A. Pallen, M.D.,
Professor of Gynecology.

J. W. S. GOVLEY, M.D.,
Professor of Diseases of the Genito-Urinary System.

STEPHEN SMITH, M.D.,
Professor of Orthopaedic Surgery and Surgical Jurisprudence.

HENRY G. PIFFARD, M.D.,
Professor of Dermatology.

THE PRELIMINARY WINTER SESSION commences September 13th, 1876, and continues till the opening of the regular session. It is conducted on the same plan as the Regular Winter Session.

THE REGULAR WINTER SESSION occupies four and a half months, commencing on September 27th and continuing till the middle of February. The system of instruction embraces a thorough Didactic and Clinical Course, the lectures being illustrated by two clinics each day. One of these daily clinics will be held either in Bellevue or the Charity Hospital. The location of the College building affords the greatest facilities for Hospital Clinics. It is opposite the gate of Bellevue Hospital, on Twenty-sixth street, and in close proximity to the ferry to Charity Hospital on Blackwell's Island, while the Department of Out-door Medical Charity, and the Hospital Post-mortem Rooms are across the street. The students of the University Medical College will be furnished with admission tickets to these establishments free of charge. The Professors of the practical chairs are connected with one or both of these Hospitals.

Besides the Hospital clinics, there are eight clinics each week in the College building.

The Faculty desire to call attention particularly to the opportunities for dissection. Subjects are abundant and are furnished free of charge, and the Professor of Anatomy spends several hours each day in demonstration in the dissecting-room.

THE POST GRADUATE COURSE will begin September 27th, 1876, and continue during the Regular Winter Session.

FEES FOR THE WINTER COURSE.

For Course of Lectures.....	\$140 00
Matriculation.....	5 00
Demonstrator's Fee, including material for dissection.....	10 00
Graduation Fee.....	30 00

FEES FOR THE SPRING COURSE.

Students who have attended the Winter Course will be admitted free of charge. Those who have not attended the Winter Course will be required to pay the Matriculation Fee and \$30; and, should they decide to become pupils for the Winter, the \$30 thus paid will be deducted from the price of the Winter tickets.

For further particulars and circulars, address the Dean,

Prof. CHAS. INSLEE PARDEE, M.D.,
University Medical College, 410 East 26th St., New York City.

LONDON and LANCASHIRE LIFE ASSURANCE CO.

HEAD OFFICE FOR CANADA:

235 ST. JAMES STREET, Montreal.

GOVERNMENT DEPOSIT - - \$100,000.00

For the Exclusive Benefit of Canadian Policy-holders.

SPECIAL FEATURES.

Absolute Security — Non-Forfeitable Policies — Moderate Rates —
Prompt Settlement of Claims.

The result of the recent valuation made on the strictest principles was a Bonus Distribution of 1 per cent per annum as an addition to the whole Life participating policies, equivalent to a percentage varying from 23 to 50 per cent of the Premiums paid.

Reports and Copies of the Accounts may be had on application.

WILLIAM ROBERTSON,

Manager for Canada.

Long Island College Hospital, BROOKLYN, KINGS CO., N.Y.

THE COLLEGIATE YEAR in this Institution embraces a READING and RECITATION TERM and a REGULAR TERM OF LECTURES.

The READING and RECITATION TERM will commence the first week in October, and close at the commencement of the Regular Term.

The REGULAR TERM will open the first week in March, and close the last week in June following.

For Circulars address—

DEAN OR REGISTRAR.

Sept. 1, 1876.

Medical Journal Advertising Bureau.

THIS JOURNAL IS ON FILE AT MY OFFICE, WHERE
ADVERTISING CONTRACTS CAN BE MADE.

C. W. BERNACKI, M.D.,

344 West 30th Street, New York City.

I have prescribed Cincho-Quinine as a tonic with uniformly good effects. The stomach seems to tolerate it well, and it is pleasant to take; and as far as I have observed, it produces no cerebral distress.—H. H. BEEBE, Marshall, Wis.

BURRINGTON'S

Dr. Wadsworth's Uterine Elevator.



The most simple and practical of any Stem Pessary ever invented; made of India Rubber *without lead*, unirritating, of easy application, and unfailingly keeps the womb in its natural position. The first-class physicians in Providence, and eminent practitioners in almost every State, highly recommend it.

A pamphlet describing it, and testimonials of distinguished Physicians, also Price List, sent on application.

H. H. BURRINGTON, Sole Proprietor,

PROVIDENCE, R. I.

Also for sale by dealers in Surgical Instruments generally.

DR. MARTIN'S COW-POX VIRUS

ABSOLUTELY PURE NON-HUMANIZED

VACCINE VIRUS, obtained by the method of True Animal Vaccination, instituted by PROF. DEPAUL OF PARIS, in April, 1866, from the famous case of Spontaneous Cow-pox at Beaugency, in France, and inaugurated in America in Sept., 1870, by

DR. HENRY A. MARTIN,

With Virus and Autograph instruction from the hand of Prof. Depaul. Our establishment is by far the largest and most perfect in the world. Large Ivory "Lancet" points, packages of 10, \$2.00. Primary crusts, (scabs), most carefully selected, \$5.00.

Points are recommended as by far the most reliable form. All Virus fully warranted efficient. It will be packed to go with perfect safety by mail. Full directions for use accompany each package. Remittance MUST accompany order. Safe delivery of Virus insured.

DR. HENRY A. MARTIN & SON,

BOSTON HIGHLANDS, MASS.

* * * * Sugar Coated Pills are more soluble than Gelatine or Compresed Pills.
*Prof. Remington's paper read before American Pharmaceutical Association,
 Boston. 1875.*

WARNER & CO'S., PHOSPHORUS PILLS.

PHOSPHORUS is an important constituent of the animal economy, particularly of the brain and nervous system, and is regarded as a valuable remedy for the following diseases :

**Lapse of Memory, Impotency, Softening of the Brain,
 Loss of Nerve Power, Phthisis, Paralysis and Neuralgia.**

The Pillar form has been deemed the most desirable for the administration of Phosphorus. It is in a perfect state of subdivision, as it is incorporated with the material while in solution and is not extinguished by oxidation.

This method of preparing Phosphorus has been discovered and brought to PERFECTION by us, and is thus presented in its elementary state, free from repulsive qualities, which have so long militated against the use of this potent and valuable remedy. This is a matter requiring the notice of the physician, and under all circumstances the administration of Phosphorus should be guarded with the greatest care, and a perfect preparation only used.

Its use in the above named complaints, is supported by no less authority than Prof. Delpech, Prof. Fisher, to Berlin, Dr. Eames, (in the *Dublin Journal*), Dr. Burgess and Dr. Hammond of New York. The special treatment indicated in these cases is : 1st. Complete rest of mind, especially abstention from all occupations resembling that upon which the mind has been overworked ; 2. The encouragement of any new hobby or study not in itself painful, which the patient might select ; 3rd. Tranquility to the senses, which expressly give in these cases incorrect impressions, putting only those objects before them calculated to soothe the mind ; 4th. A very nourishing diet, especially of shell fish ; 5th. *The internal administration of Phosphorus in Pillular form, prepared by WILLIAM R. WARNER & CO.*

PILLS sent by mail on receipt of list of prices.

	Price per 100.
Pil Phosphori, 1-100 gr. in each, - - - - -	\$1 00
Pil Phosphori, 1-50 " " - - - - -	1 00
Pil Phosphori, 1-25 " " - - - - -	1 00
Pil Phosphori Comp. - - - - -	2 00
Phosphorus, 1-100 gr. Ext. Nuc. Vomicae, $\frac{1}{4}$ gr.	
Pil Phosphori et Nucis Vomicae, - - - - -	2 00
Phosphorus, 1-50 gr. Ext. Nuc. Vomicae, $\frac{1}{2}$ gr.	
Pil Phosphori, et Ferri et Nuc. Vom. - - - - -	2 00
Phosphorus, 1 100 gr. Fer. Carb. (Vallet) 1 gr. Ext. Nuc. Vom. $\frac{1}{4}$ gr.	
Pil Phosphori, et Ferri et Quiniae, - - - - -	2 90
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr. Quinia Sulph 1 gr.	
Pil Phosphori et Ferri et Nuc. Vom., et Quiniae, - - - - -	2 90
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr.	
Ext. Nuc. Vom., $\frac{1}{4}$ gr. Quinia Sulph., 1 gr.	

Treatise on "PHOSPHORUS; its claims as a therapeutic agent."

Furnished on application, Address

WILLIAM R. WARNER & CO., Manufacturing Chemists,

No. 1228 MARKET ST., PHILADELPHIA.

WARNER & Co's. STANDARD PREPARATIONS FOR SALE BY

KERRY, WATSON & CO.,
 Wholesale Druggists, Montreal, Canada.

CANADA

MEDICAL & SURGICAL JOURNAL

Original Communications.

CASE OF SYCOSIS,—TREATED BY CARBOLIC ACID AND CANADA BALSAM.

By G. A. STARK, M.D., MILWAUKEE, WIS.

R. B. M., short, and of a nervo-sanguineous temperament, applied to me on the 22nd of May, 1874, suffering from an attack of Sycosis or Mentagra. He says that he contracted the disease at a barber's shop, about three weeks before. Had been under treatment elsewhere for about two weeks, and as no improvement had taken place, he was much discouraged. He had become thin, nervous, irritable and sleepless, and his strength and appetite had failed. The disease was confined to those parts covered by the beard, whiskers and moustache, and was accompanied in some cases by inflammation, in others by induration, and in some by suppuration. Numerous scabs also were present. The pustules were characteristic, small and acuminate, and a hair traversed the centre of each. The scabs and pustules were more numerous on the left side and under the chin than elsewhere. Hairs when extracted looked as if covered with a whitish powder.

Treatment.—He had been using benzoated oxide of zinc ointment. I prescribed an ointment of ac. carbolic gr. x to ung. zinc. ox. $\bar{3}$ i, to be applied thoroughly two or three times a day, the hairs to be first cut short, and the parts washed with juniper tar soap. He was put upon iodide of potassium with

tonics, and ordered a purgative when necessary. Diet: beef-tea, milk, eggs, &c. This treatment was continued for about a week, and I also pulled out the hairs in some places; the disease, however, continued unabated.

I then ordered the iodide of sulphur ointment to be applied as above for a week, without any perceptible improvement, and the patient complained much of the irritation caused by the application. I now ordered him a teaspoonful of the Elixir Iodo-bromide of Calcium Compound in a little water, before each meal and at bed-time. I also prepared the following to be applied by a camel's hair pencil, viz., equal parts of carbolic acid and Canada balsam. The change proved satisfactory, improvement being most apparent where the hairs had been pulled out. Epilation was then done more generally and the preparation applied as before. The first application was made on June the 5th, and by the end of the month the disease was completely cured. I ordered him to continue the internal treatment for another month as his appetite and general condition improved under it. I also recommended him to go on using the juniper tar soap.

The acid in combination with the balsam acted admirably in this case. The acid, especially after epilation, enters the pustules, and thus strikes at the very root of the disease. The contents of the pustules are almost instantly converted into a white crisp, and I have no doubt it destroys the offending parasite. The balsam forms a varnish over the parts to which it is applied and thus diminishes irritation. The irritation caused by the application only lasts a short time and is followed by relief. The irritation is not to be compared to that caused by the application of iodide of sulphur ointment, &c. The patient's appearance is much improved, the parts looking somewhat paler than natural, instead of being studded with pustules, or covered with filthy-looking scabs. If applied thoroughly, once in three or four days, or in some cases a week would be soon enough to renew the applications. If necessary, it may be applied every day. It may also be used in different proportions as to the proportion of acid in the combination, as deemed most suitable in

each particular case. I have found this preparation satisfactory in other forms of disease of the skin, as ring-worm, &c. It is worthy of trial in any form of disease of the skin which is thought to be of parasitic origin. I have accomplished more with this combination, prepared in suitable proportions respectively of the acid and balsam to suit individual cases, and in a much shorter time, as an external application in many forms of cutaneous affection, than with all other local applications combined. I have also found it to act well in some cases of burns and scalds.

CASE OF SUNSTROKE TREATED BY QUININE,

BY DR. DRAKE.

Reported by J. C. CAMERON, M.D., House Surgeon, Montreal Gen. Hospital

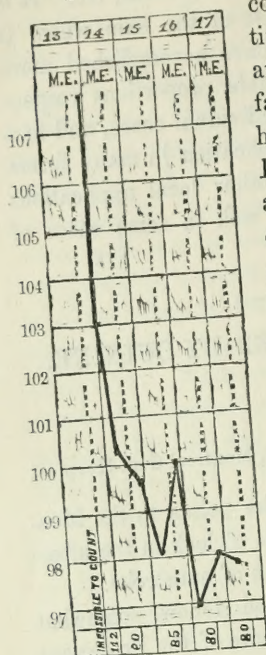
G. D., æt. about 45, was brought by the police to the Montreal General Hospital about half past five o'clock in the afternoon of July 13th, suffering from symptoms of sunstroke.

The patient is a harmless, good-natured fellow, somewhat imbecile: he has been for some time an inmate of the Protestant House of Refuge. The day before admission he went away from the Refuge and did not return. The following afternoon the police found him lying on his back, insensible, in an open place near the wharves quite unsheltered from the intense rays of the sun. He was at once conveyed to the Hospital.

On admission he was insensible, skin hot and dry, face dusky, pupils contracted, conjunctiva injected, tongue dry and parched, respiration shallow, pulse feeble and thin, almost imperceptible and quite impossible to count, secretion completely arrested; temperature 107.8°

Seeing the necessity for prompt action, I at once applied an ice-bag to the head and on account of the excessively high temperature gave him 30 grains of quinine in three doses at intervals of half an hour. Two hours after the first dose was administered, the skin became moist and was soon covered with

profuse perspiration; four hours after the first dose, urine and liquid fæces were passed freely in bed, and the urine continued to pass away in large quantity during the night. Six hours after the quinine the temperature had fallen to 103° , pulse 112, and fourteen hours after quinine to 100.4° , pulse 90. Dr. Drake saw him the following day, and ordered quin., gr. v, to be given every four hours; four such doses were given when he was allowed up. All bad symptoms disappeared, and he was discharged from Hospital on the morning of July 17 having been under treatment for three days and a half, and having taken altogether fifty grains of quinine in divided doses.



The quinine was administered by the mouth in the form of 10 grain cachets: if it had been impossible to give the quinine in this manner, it would have been administered hypodermically.

The accompanying chart shews the rapid fall of the temperature under the quinine treatment.

PROCEEDINGS OF THE ANNUAL MEETING OF THE CANADIAN MEDICAL ASSOCIATION.

The ninth annual meeting of the Canadian Medical Association was held in the City of Toronto on the second and third days of August, ult:

The morning session was occupied with routine business, and the proceedings in the afternoon commenced with the address by the President, Dr. Hodder, of which the following is a synopsis.—“Gentlemen, we meet together this morning, to celebrate the ninth annual meeting of the Canadian Medical Association, and from the large number of visitors and members whom I see

before me, I feel assured that it will continue to meet with the support and approbation not only of the medical practitioners in the larger cities of the Dominion, but of the medical profession throughout the length and breadth of the land. In the first place, gentlemen, allow me to offer, on the part of the medical men of Toronto, a most cordial and hearty welcome to the delegates from the United States, as well as those from the eastern and more distant portions of the Dominion, and to invite them to join in all the discussions or debates, and to consider themselves for the time being in every particular as members of the Association.

When we see the success which has attended the formation of these societies in the United Kingdom, and in almost every other country of Europe; when we see the ponderous volumes yearly issued by our hard-working, industrious, and painstaking friends and professional brethren in the United States; it ought to stimulate and induce the medical men of the Dominion to follow so excellent an example. When we consider the vast amount of practice and observation which is daily and hourly going on, not only in the larger cities but in the surrounding districts of the Dominion, we cannot but feel with regret that an enormous fund of valuable information and experience is and has been allowed to run almost entirely to waste for a long succession of years. By joining such an Association as that which I have the honor to preside over this day, the numerous body of our professional brethren extensively engaged as general practitioners, who spend long and active lives in the practice of their profession, would undoubtedly be able to contribute inexhaustible stores of medical experience of the highest interest and value, and which, but for such a society, would remain uncommunicated, and therefore lost to the profession. The local medical societies do some good, but the results of their meetings are rarely published, and therefore many valuable cases never meet the eye of the profession generally, and are thereby lost to the world. There is, however, one point of very considerable moment to which I beg to draw the attention of the younger members of the profession:—Many

young practitioners are deterred from publishing or bringing before an association or society cases of interest which occurred in their practice, from an erroneous supposition on their part that it is necessary to work them up into the form of an elaborate essay. In nothing are they more deceived; the plain and truthful narrative of a single fact is of infinitely more value than a thousand theories. Wisely then, did this Association when they met last year at Halifax limit the time for the reading of papers to a short time, by which I trust many members will be induced to send in communications which otherwise they might not feel disposed to do. It is only therefore in an Association such as this that the accumulated experience of a large body of the medical profession in this Dominion can be properly collected and concentrated so as to turn such inestimable stores of knowledge to good account, and to render them available and useful to the profession at large. When we glance over the medical literature of former years, not only of Great Britain and the continent but of the United States—what, I would ask, are the works which have stood the test of time, and which among the numerous changes produced by improving and increasing knowledge are still “lasting monuments,” while systematic and, for their time, learned works have long since sunk into oblivion?—it will be found that those simple records of the experience of long lives, devoted with ardent zeal to the cultivation of medical knowledge retain their value into the present moment, and will doubtless continue to be consulted and referred to by succeeding generations, as mines of invaluable practical information. Now, if the practice of one man, as in the case of Hunter, Harvey, Smellie, and a host of others, can produce recollections of facts which have immortalized their names and conferred lasting benefits on every department of the healing art, how much more useful and important will be the combined efforts of hundreds of fact-collectors, concerning all the results of their practice and their observations, thrown into one great depository, viz.: the Canadian Medical Association.

There is another point which I must not omit, I mean the effect these meetings have on our social position. It brings

together the members of the medical profession, it enables us to know each other, it binds us together with a social band which must ever be not only a source of sincere satisfaction but of mutual improvement and advantage. The friction of different minds earnestly engaged in similar pursuits is peculiarly valuable, for it is scarcely possible for any man who has been moved by the same impulses, agitated by the same fears, excited by the same hopes, and elated by the same successes, who has felt the responsibilities, and experienced the hours of painful anxiety in the treatment of difficult and dangerous cases, not to derive consolation and benefit by consultation and communication with his professional brethren."

Allusion was then made to some recent discoveries in Medicine, Surgery and Midwifery, and finally he mentioned and commented on the names of distinguished medical men, who had died during the last year.

PRIZE ESSAYS.

On the report of the Committee on Prize Essays being called for,

Dr. TRENHOLME, Montreal, asked, if any prize was offered.

The General Secretary said Dr. Grant offered a medal for three years, but no one competed for it.

NOMINATING COMMITTEE.

Dr. THORBURN proposed that the following form the Nominating Committee. Drs. Canniff, Trenholme, Robillard, Zimmermann, Temple, Rosebrugh, Strange, Osler, David and Thorburn.

Dr. WORKMAN then read an excellent paper on Criminal Insanity, commenting on the recent McConnell case. This paper is we believe, to appear in one of our Western contemporaries.

TREASURER'S ACCOUNT.

Messrs. Oldwright and Trenholme, auditors, reported that they had found the Treasurer's accounts and vouchers correct.

OVARIOTOMY.

Dr. STRANGE of Aurora, read a paper on Ovariectomy, in which he advocated strongly the treatment of the pedicle with

the actual cautery. A discussion ensued in which several members participated. Dr. White, of Buffalo, moved a vote of thanks to Dr. Strange for his very interesting paper, after which the Association adjourned till 8 o'clock, p.m.

EVENING SESSION.

Eight o'clock was the hour for re-assembling, but the doors were not opened until 8.15, and the chair was not taken until 8.30, p.m.

PHYSIOLOGY OF MENSTRUATION.

Dr. ROSEBRUGH read a paper on the physiology of menstruation, and produced specimens of membranes cast off from the uterus of a patient of his while menstruating, for the consideration of the Association.

Dr. OSLER offered a few remarks on the subject, which was then dropped.

VITAL STATISTICS AND PUBLIC HYGIENE.

Dr. CANNIFF moved, seconded by Dr. Trenholme, "That the following Committee be appointed to prepare a memorial to the Dominion Government with respect to vital statistics and public hygiene:—The President, Drs. Hingston, Workman, Clarke, Playter, Canniff and Oldright."

Dr. RIDDELL thought the first question to be decided was whether the subject of vital statistics came within the scope of the Dominion Parliament or Provincial Legislature. In old Canada a law prevailed calling for certain statistics to be made to the Board of Statistics, but one of the first acts of the Ontario Legislature was to do away with the obligation to send statistics to Ottawa and to provide that such should be sent to the officers of the Provincial Government. In the Act of last session the Ontario Legislature provided that the statistical returns should be made to it and not to the Government at Ottawa. In asking the Dominion Government to deal with the subject, he feared the Association was ignoring the rights and privileges of the different Provinces.

Dr. TRENHOLME, Montreal, reminded the meeting that Dr. Brouse had introduced a Bill on the subject in the Dominion Parliament last session.

DR. HINGSTON concurred in the opinion that the difficulty in dealing with the subject arose from the circumstances of the question of jurisdiction not being decided. If, however, medical men united on a common system of registration, some plan might be adopted by the different Governments to have it carried into effect.

DR. CANNIFF advocated the adoption of the motion on the ground that it was necessary to educate the public mind regarding public hygiene.

DR. PLAYTER thought the view entertained at Ottawa was the establishment of a central board for the collection of statistics for the Dominion.

DR. WORKMAN feared that such a scheme would involve the preparation of duplicate returns for the Dominion and the Province.

THE PRESIDENT suggested that the Association should co-operate with the medical men of Quebec in pressing the subject on the attention of the Dominion government.

DR. HINGSTON remarked that while nothing had been done by the Ottawa and Ontario Governments, the Quebec Government had introduced a bill on the subject, even though it was not so complete as it might be desired.

DR. SLOANE said the registration system of Ontario was as complete as the Government could make it, but they had not yet received that co-operation from medical men which would render it completely successful.

The motion was carried.

The Association then adjourned till 10 o'clock to-morrow (Thursday) morning.

SECOND DAY'S PROCEEDINGS.

The second day's proceedings of the Canadian Medical Association opened at ten o'clock yesterday morning, Dr. Hodder again presiding. The minutes of the last meeting were read and confirmed.

VITAL STATISTICS.

Dr. RIDDELL laid on the table the various Acts with reference to vital statistics, which showed that the Province of Ontario assumed all rights with regard to the collection of statistics. He presented the copies of the Acts. He also produced copies of schedule of registration of births, deaths, and marriages.

Dr. HINGSTON considered himself very much indebted to Dr. Riddell for the inquest he had held on these Acts. He called it an inquest because he believed the state of matters to be such that the registration of births, deaths, and marriages was not properly carried out.

PAPERS READ.

Dr. GEIKIE read a paper on gastric ulcer, in course of which he gave an account of a case of that kind in which he was engaged.

The case was discussed by several of those present.

Dr. TRENHOLME read a paper on Clinicology, and gave the outlines of some important advances which had been made during the past few years. In treating of uterine diseases he commented on the keeping of late hours, dancing, etc., which were taking away the health and beauty of our young women.

A short discussion followed on the subject of tumours, after which the Association adjourned till the afternoon.

The Association re-assembled at two o'clock.

ANTISEPTIC SURGERY.

Dr. GRASETT read a paper on the principles and practice of the Antiseptic system of treating surgical cases so as to prevent the occurrence of putrefaction of the part concerned. The guiding principle, the germ theory of putrefaction, was explained, and the numerous forms of life which spring from fermenting and putrefying fluids were attended to. Passing from the discovery of the germ theory in 1830 by the observation of vital germs in yeast and the belief in the existence of germs of minute organism in the atmosphere, several experiments by Dr. Lister, of Edinburgh, were described and commented on, the opinion

being expressed that the results of the experiments were strong evidences of the truth of the theory. The most successful antiseptics were carbolic acid, salicylic acid, and chloride of zinc, and the only means of successfully treating antiseptically was by paying attention to the minute details recommended to prevent the germ from taking possession of the wound. The various wounds in which antiseptic treatment was necessary were enumerated, and they include the lancing of abscesses, the incision of the knee-joint, and the treatment of compound fractures. The value of the treatment was dwelt upon at length, and he (Dr. Grasett) expressed his belief in it.

Drs. Workman, Hingston, Canniff, Ross and Hornibrook took part in the discussion which followed, and a vote of thanks was tendered Dr. Grasett for his paper.

OFFICERS.

The Nominating Committee reported the nomination of the following officers for the ensuing year : President, Dr. Hingston, Montreal. Vice-Presidents—Ontario. Dr. Workman, Toronto ; Quebec, Hon. Dr. Ross, Quebec ; New Brunswick, Dr. Baird, St. John ; and Nova Scotia, Dr. Moran, Halifax. Secretaries—Ontario, Dr. Zimmermann, Toronto ; Quebec, Dr. Russell, Jr., Quebec ; New Brunswick, Dr. Hannington, St. John ; Nova Scotia, Dr. Almon, jun., Halifax. General Secretary, Dr. David, Montreal ; general Treasurer, Dr. Robillard, Montreal.

Committees on the following subjects, were also nominated : Publications, Medicine, Surgery, Obstetrics, Therapeutics, Necrology, Medical Education and Literature, and Climatology.

The delegates to the International Medical Association were named as follows : Dr. Grant and Dr. Sweetland, Ottawa ; Dr. Hingston and Dr. David, Montreal ; Dr. Oldright and Dr. Fulton, Toronto ; Dr. Marsden and Dr. Russell, sen., Quebec.

The delegates to the International Medical Congress, to be held in September at Philadelphia, were named as follows : Dr. J. Ross, Dr. F. H. Wright, Toronto ; Dr. Macdonald, Hamilton ; Dr. Grant, Ottawa ; Dr. Brouse, Prescott ; Dr. Workman, Toronto ; Dr. Dixon, Kingston ; Dr. Osler, Dr. Wilkins, Dr.

Craik, Montreal; Dr. Russell, jun., Quebec; Dr. Earle, St. John; Dr. Wickwire, Halifax; Dr. Canniff, Toronto; Dr. Yeomans, Mount Forest.

The nominations were accepted.

THE NEXT MEETING.

Dr. OSLER moved that the next meeting be held in Montreal, on the second Wednesday in September.

The motion was carried, and a Committee of arrangements was appointed.

MEDICAL EDUCATION.

Dr. HINGSTON read the report of the Committee on Medical Education, to the effect that as the question of medical education was under the consideration of the Legislatures of Quebec and Ontario, the Committee recommended that the education and examinations in the Provinces be the same, so that licentiates of one Province would have the privileges of the other Province.

The report was adopted.

VITAL STATISTICS.

Dr. HINGSTON moved, seconded by Dr. Canniff, that the Association was of opinion that the sanitary laws at present in existence in the Dominion were insufficient to meet the requirements of public health, and that a system of public hygiene must embrace an acquaintance with vital statistics; that the importance of that knowledge was recognised elsewhere, and that in countries not more favorably situated than Canada, systems more or less complete of vital statistics obtain, and sanitary laws had been enacted and enforced. The Association therefore prayed that if it were within the scope and power of the Dominion Parliament such a comprehensive scheme should be introduced as would supply a much felt want, and afford to the members of the profession throughout the Dominion, and other scientific persons, additional means of acquiring a more extended knowledge of the more prevalent diseases, and establishing a comprehensive law relating to public health.

The motion was carried.

The communications which were to have been read by Dr. Yeomans, of Mount Forest, and Dr. Oldwright, were, at the request of those gentlemen, deferred because of the lateness of the hour.

Dr. REEVE, Toronto, read an interesting paper on Otology or Aural Surgery, for which he received a vote of thanks.

VOTES OF THANKS.

The President then left the chair, after which the thanks of the Association were, on motion of Dr. Sweetland, seconded by Dr. Workman, presented to Dr. Hodder for his conduct in the chair.

Dr. TRENHOLME moved the thanks of the members of the Association to the Toronto members of the Association for the reception they had given to their visitors.

The motion was seconded and carried unanimously.

On motion of Dr. WORKMAN, seconded by Dr. Rosebrugh, votes of thanks were passed to the General Secretary, Dr. David, and the Treasurer, Dr. Robillard.

The Association then adjourned.

EXCURSION TO COUCHICHING.

At the invitation of the medical men of Toronto, the members of the Canadian Medical Association, which has been holding its annual meeting in this city, yesterday took a trip to Lake Couchiching. At 8 o'clock a special train consisting of a locomotive, three ordinary and two drawing-room cars left the City Hall Station of the Northern Railway, for Belle Ewart. The party numbered 150, fully half of whom were ladies. The Band of the Tenth Royals, under the direction of Mr. Toulmin, was on board, and performed a select programme of music during the journey. At Belle Ewart the party left the train and embarked on the *Lady of the Lakes*, which conveyed them to Couchiching. The weather was delightful though a trifle warm, and no unpleasant swell disturbed the equanimity of the ladies. The charming scenery of Lake Simcoe was generally admired, and when after passing the Narrows, a view of Lake Couchi-

ching was obtained, it was admitted that no more charming summer resort could be found in Canada. The excursionists landed at the pier, and proceeded to the Couchiching Hotel, a handsome and commodious wooden structure, situated in the midst of tastefully arranged grounds, which occupy an extensive promontory facing the rising town of Orillia.

At half-past two the party sat down to an excellent dinner, which was served in Mr. Scully's best style. The chair was taken by Dr. Hodder, President of the Association.

Hospital Reports.

MEDICAL AND SURGICAL CASES OCCURRING IN THE PRACTICE OF THE
MONTREAL GENERAL HOSPITAL

Malignant disease of the peritoneum complicated with Phthisis pulmonalis. Under Dr. DRAKE. Reported by Mr. C. S. MURRAY.

M. S., about 60 years of age, of medium height, very emaciated, of a cachectic appearance, was admitted into the Montreal General Hospital on the 25th Sept. 1875. Her history could not be obtained. On admission she was in a very weak state, complained of great pain in the bowels, vomited a few times. Had a slight cough but did not complain of any pain in her chest or distress of breathing. Abdomen moderately distended by ascitic fluid. No anasarca. Over the pubes a firm non-sensitive tumour was felt. On examination per vaginam a similar firm non-sensitive tumour was felt through the upper wall of the vagina; a tumour of similar character was felt on examination per rectum. When this was pressed by the hand over the pubes, or by the finger in the rectum, it gave a sensible impulse to the finger of the other hand placed on the os uteri. Length of the uterus was $1\frac{3}{4}$ inches. The existence of two fibroid tumours was diagnosed. She was ordered the Chronic Pectoral mixture of the Hospital. She presented well-marked signs of pulmonary phthisis, and died six days after admission.

Autopsy, 4 hours after death. No rigor mortis, body warm,

skin dirty yellow, conjunctiva yellow, abdomen moderately distended, lineæ albicantes faintly marked, axillary glands not enlarged, no cancer of the breast.

Brain, normal; *liver*, normal; *spleen*, congested; *left kidney*, healthy; in the upper part of the right kidney was a firm cancerous nodule, of the size of a bean: in the inferior extremity was a similar small nodule the size of a pea. Each of these was situated at the base of a pyramid.

Pancreas, healthy.

Lungs.—In the apex of the right lung was a large cavity with membranous walls; the rest of the lobe and the middle lobe were infiltrated with caseous spots. The inferior lobe was congested, crepitant. In the left apex was a small cavity the size of a walnut filled with yellow caseous matter. The whole of the superior lobe and upper part of the inferior lobe were infiltrated with spots of degeneration, about the size of split peas. The intervening tissue was dense and fibrous. No miliary tubercle noticed. Extensive pleuritic adhesions existed all round both lungs.

Heart.—All valves competent but the mitral, the smaller segment of which was thickened and puckered. Left ventricle firmly contracted. Right heart and inferior vena cava filled with dark grumous blood. 5 oz. of clear fluid in the pericardial sac.

Peritoneum.—35 oz. of a greenish fluid in the peritoneal sac. Both visceral and parietal layers were studded with numerous cysts with their walls, of the size of hazel nuts, filled with a clear colourless fluid. On the parietal layer, mesentery and omentum were numerous small soft sacs or irregular tubercular elevations, 3 lines high, filled with a thick yellow substance, which under the microscope was seen to consist chiefly of large oval cells, with two or three nuclei. These small masses had coalesced and become matted to form a somewhat nodulated soft lamina over the upper surface of the liver and spleen, in the iliac fossa and pelvis. Scattered over the omentum were several small tumours, and one larger one about the size of a pigeons egg, firm, hard, of a cancerous nature. The omentum

was contracted, puckered, and reduced in size. There was thickening and matting together of the peritoneum, forming the broad ligaments, but no adhesions existed between the peritoneum and the viscera of the abdomen; the intestines and stomach were unaffected.

Uterus.—A globular tumour about the size of a man's fist was situated in the anterior wall of the uterus, separated from the muscular substance which surrounded it by a capsule of loose connective tissue, so that it could readily be enucleated. This tumour, which involved the whole anterior wall, extended upwards and caused slight ante flexion of the body of the uterus. On section, the exposed surface varied from whitish to a grayish color; firm throughout. It consisted chiefly of bundles of fibrous tissue interlaced with one another in an irregular manner. The pressure of these bands threw up ridges upon it, so that the surface was uneven. The walls of the uterus were of normal thickness, and the length of the cavity was increased to the extent of a quarter of an inch. A small subperitoneal fibroid the size of a marble was situated on the posterior surface of the large interstitial one, connected to it by a short oval base about 2 lines thick. Anteriorly at the junction of the body and neck there was a small interstitial fibroid; two larger ones, the size of walnuts, also interstitial, were situated one in each angle, occluding completely the Fallopian tubes. Another smaller fibroid was situated in the left wall of the cervix and immediately behind it was a small sub-serous one. These tumours are similar in appearance to the one described. Rugæ of the cervix were distinctly marked. Os externum small. The vaginal portion of the uterus smaller than normal. Both Fallopian tubes were occluded by the tumours situated in the angles, and were thickened and hardened. The right ovary was completely replaced by three or four separate cysts, containing fluid of the consistence of water; collectively they were equal in size to an orange. The left ovary was replaced by an old abscess with thick irregular walls, having in places fibrous trabeculae connecting the adjacent parietes. When removing the uterus the posterior wall of this ulcer was ruptured and a small quantity

of thick yellowish pus escaped. The tissues forming the broad ligaments were matted together and thickened, the peritoneum being covered with the same cancerous deposit as was observed in other parts.

Glioma of the Corpus Striatum.—Autopsy.—Under Dr. Ross.
Reported by Mr. R. L. MACDONNELL.

M. M., æt. 60, admitted to the Montreal General Hospital July 23, 1875, under Dr. Ross.

Is mother of a large family, and has always been of temperate habits. No history of syphilis. In good health and perfectly sane up to a month ago. Was then observed to act in a strange manner. Became irregular in habits. Assumed at times a sleepy, stupid air, so much so that her friends at first thought she was drunk. Evincing desire to steal and secrete articles of no use or value. On one occasion attempted to set her bed on fire. Became subject to involuntary passages of urine and fæces.

On the day of her admission, she was dull and stupid; could not answer correctly the simplest questions; regarded everybody with a peculiarly vacant stare; voice thick and husky, like that of a drunken man. Could give no information whatever, as to the history of her ailments. Can hardly be kept in bed, falls or slides out of it to sit or lie on the floor; occasionally hides, under the mattress or pillow, all articles within her reach. Is highly emotional, laughing or crying on the slightest provocation. Left leg paralyzed from hip downwards. Pupils, rather contracted, answer to stimulus of light, and are of equal size. Urine and fæces pass involuntarily.

Pulse, 56, full and regular. Radial artery tortuous but not stiffened. Temperature, 97°. Urine darkish in colour, contains mucus and pus corpuscles with a very small percentage of albumen. Sp. gr. 1.018.

Ordered to take potassii bromidi, gr. xv. three times a day. Also a white draught.

July 28th.—Motor paralysis of right side apparent to-day.

Facial nerves unaffected. No twisting of mouth or protrusion of tongue to wrong side noticed to-day. Patient very stupid: can scarcely articulate.

July 29th.—Pulse and temperature unchanged. Breathing stertorous. Unable to speak or protrude the tongue. Can open the eyelids at will. Pupils contracted but equal in size; Pulse 60.

July 31st.—Right eye less sensible to touch than left. Left pupil more dilated than right. Neither affected by light. Clonic spasms of muscles of the left side. Pulse 60. Temperature 97.4° . Equal on each side.

Aug. 1st.—A little improvement. Can swallow well. No more spasms.

Recognized her son who had come to see her, and cried on his departure, though unable to speak to him.

Remains in bed without constraint. Pulse 80. Temperature 97.6° .

Aug. 8th.—Condition improved. Spoke once or twice with distinctness. Can answer questions correctly by "Yes and No."

Aug. 11th.—Again stupid and somnolent. Urine unchanged. Pulse 90, small and weak. Right and left axilla show a difference of temperature. Right 99.0° . Left 102.0° .

Aug. 12th.—Died late last night.

Autopsy.—Brain generally firm.

Arachnoid thickened along line of the vessels. Slight effusion between dura mater and arachnoid. Arteries of circle of Willis, enlarged, atheromatous and calcified. Right internal carotid large and more calcareous than left. Puncta vasculosa numerous and large. Pinkish discoloration along the margin of the gray substance in the centrum ovale majus. Lateral ventricles contain about four drachms of fluid. Anterior cornu of the right lateral ventricle flattened and atrophied. No distension. Fornix firm. Inflammatory thickening of lining membrane of corpus striatum. Under the outer lateral half of the corpus on the left side is a hard, well defined tumour, as large as a hazel nut, lying embedded in softened brain substance.

from which it could readily be enucleated. No distinct capsule around growth. Other organs healthy.

The tumour when separated was found hard and tough, white in colour and rather vascular. Having allowed it to harden in alcohol for several days, I examined it under the microscope, and found it to present the following characters. Sections from the outside of the tumour were composed of extremely small, non-nucleated cells, of equal size, very numerous, closely aggregated, and embedded in a matrix which in some places appeared to be composed of fine fibrillæ, while in other sections it was homogeneous. Every here and there was the cut end of a fine capillary vessel. The microscopic structure of the interior of the growth was slightly different. The distinction between cells and matrix was not so well marked, and the tumour appeared to be undergoing some process of disintegration.

From these characters it may be inferred that it is a glioma.

Reviews and Notices of Books.

Medical Thermometry and Human Temperature, BY E. SEGUIN, M. D.—New York, Wm. Wood & Co., 1876.

This is the second edition of this work. It is however our own first acquaintance with it, and we feel sure that there are also many of our readers who are in ignorance of its existence. For this reason we may extend our remarks further than is usually necessary in the case of works which have already undergone previous editions.

Dr. Seguin is a profound enthusiast on the subject of which he writes, and having devoted many years to the accumulation of innumerable observations and much thought to the scientific elaboration of this material, he is enabled to furnish us with an amount of concentrated information which is truly surprising. Besides which, it is at once visible to the reader that he is a most advanced thinker, and every page is found to contain suggestions very striking, from their originality, and from the comprehensiveness of their grasp.

In accordance with its title, the work is composed of two essentially distinct portions. The first deals with medical thermometry, that is to say, the science of observing and appreciating abnormal temperature in disease. The second, on human temperature, discourses on the norme of the human temperature, under varying conditions, the relations this bears to the other vital functions, the importance of pyrogenic observations for social, educational and other purposes.

After a short historical notice of the origin of the practice of thermometry, showing how much of our present knowledge is, strange to say only an "Hippocratic renaissance"—the author proceeds to show by what means the physiological temperature is maintained and to what variations it is subject. Then follow chapters upon the temperature waves which are found in various diseases. The list of these is extremely complete and in every case it is attempted to be shown how far we may be guided in our diagnosis and prognosis by the thorough and frequent use of the clinical thermometer. All these chapters are embellished with numerous carefully executed charts exhibiting the typical curves together with examples of the more exceptional varieties of these. Dr. Seguin everywhere claims for thermometry superiority over every other means of diagnosis and persistently urges the recognition of its claims—holding its great attraction to be that it is an instrument of *Positive Diagnosis* as contrasted with those of *Physical Diagnosis*—the latter requiring the intervention of our educated medical senses to interpret their reports, the former mathematically indicating the phenomena which our senses cannot reach. "Of all recent improvements," he says, "none will be so potent to give medicine a place among the Positive Sciences as its adoption of thermometry."

The author urges the adoption of a new thermometer for observations on human temperature—one which he calls the *Physiological Thermometer*—this is to have its zero at the norme of the human adult, viz : $98.6^{\circ}\text{F} = 37^{\circ}\text{C}$ —and to have a graduated range downwards of 7°C , and upwards of 10°C . The general adoption of such an instrument by the profession

would undoubtedly save a great deal of the present confusion which arises from the diversity of the scales in use in different countries. Besides which, it would simplify much the observations to be recorded by lay persons whose assistance in this practice is almost essential to us.

It is also recommended to us to accustom ourselves to the use of the surface thermometer and thermoscope. Without doubt these aids are invaluable for careful scientific observations in hospital wards, but we doubt if they will readily be adopted in ordinary practice.

The chapters on thermo-therapeutics and apyretic medication are particularly interesting. Every one now admits that one of the greatest of modern improvements in therapeutics has been the systematic and persistent employment of measures calculated to maintain the body at a point as near its norm as possible. Much is already known of the application of these means, but very much more has yet to be learnt. It is the primary duty of every medical man to make himself conversant with the rules and regulations which are capable of guiding this fundamental portion of his management of all febrile complaints. A very full and able account is here given of the various ways in which water is to be used as a carrier of temperature whilst attention is also fairly directed to the important part played by food in governing the temperature of the body. Apyretic drugs are also noticed.

The special application of thermometry to Life Insurance, and to the supervision of the health of schools is then shortly dwelt upon.

Our author would be for having the "thermometer in every family"—and he would educate every mother in its use. He would make her "love, study and trust the little magician who like the finger in the fairy tale, tells things that nobody can know otherwise, with it she will give us a trusty account of the condition of her patient. During our absence, her hand will be our hand, her eye our eye."

This work should be read by every practitioner desirous of keeping well informed of the present status of his science in all

its branches. It is a complete compendium of our present knowledge of this important and interesting subject. It is written in clear, concise, philosophical language, and is closely and convincingly argumentative throughout. The confidence of the author is found to be unbounded in the great future that stretches out before the science of Thermometry, and it must be said that it is almost impossible to read Dr. Seguin's confident predictions without becoming a sharer to some extent in the enthusiasm he exhibits.

A Contribution to the Medical History of our West African Campaigns.—By Surgeon-Major ALBERT A. GORE, M.D., late 34th Regiment; Sanitary Officer on the Staff of the Quarter-Master General's department during the Ashanti war of 1873. Svo, pp. 218. London: Baillière, Tindall & Cox, King William street, Strand, 1876.

Surgeon-Major Gore has given us in this brochure a highly interesting account of military service on the West Coast of Africa. In a very readable form he mentions many facts of deep interest and value in connection with the efficiency and health of the soldier in the malarial districts of Western Africa, and proves beyond doubt the possibility of a successful campaign, in that unhealthy climate, by the rigid enforcement of hygienic rules and regulations.

Until quite recently the medical profession in the army occupied a most unenviable position. Being non-combatants and junior in rank, physicians frequently found themselves quite unable to carry out practical suggestions which were of paramount importance to the success of a military enterprise. This, we should judge was a prominent cause of the want of success of the various campaigns undertaken against the Ashantee and other tribes in the early part of this century—the troops having to stand on the defense, being unable to strike a severe blow on the enemy, by marching inland and destroying their towns—perhaps the natives of Africa depended on the nature of their climate as their principal safeguard. This, however, will

no longer hold good, since the very successful campaign under Sir Garnet Wolseley, the curtain has been raised, and the Ashantee is fully alive to the fact that the European if he pleases can traverse his jungle and reach his sacred retreat without let or hindrance.

The book is divided into eighteen chapters. In the first chapter we have an account of the early medical history in which we learn that a European regiment, of ordinary strength, serving on the coast of Africa, would die out in the brief space of four years, whereas native troops serving side by side with their white comrades, lost on an average 3.72 per cent per annum.

In the second chapter we have a resumé of later military and medical events, and in this chapter the author has vividly laid before us what the station was at the time of the beginning of the campaign of 1873. With such an amount of filth, squalor, neglect of ordinary everyday cleanliness, and a tropical climate as is described by Dr. Gore, the wonder is that any European could survive four years of military service. After the Ashantee campaign was determined upon, and before the arrival of the troops, or at least before they were permitted to land, the strictest sanitary rules were enforced, proper barrack accommodation secured, and advantageous camping ground selected. There appears to have been no clashing of authority. Every man had allotted to him his own proper work, and as a result the troops were led on to Coomassie without interruption, completed their work, and were again landed in England before the middle of March, having accomplished their task after a stay in the country of barely two months.

In chapter eight, the author discusses the use and abuse of a spirit ration. He alludes to the benefits to be derived from a judicious use of alcohol, pointing to its true value when given under proper supervision, and when taken in moderation and at the proper time.

There is an excellent chapter on the medico-chirurgical lessons of the campaign. The author is of opinion that quinine given as a prophylactic against attacks of remittent fever

failed. That in many persons a tolerance of the drug resulted, and as a consequence it had not the same decided effect in cutting short an attack of fever when administered as a remedy. So that the premature use of quinine would seem to impair its curative action.

Space will not permit our giving this interesting work a more extended notice. It is, however, a valuable addition to the store of knowledge already given in the Army Medical Report of 1875, and should be in the hands of every medical officer who is liable to undertake service on the west coast of Africa.

Pathology and Morbid Anatomy. By T. H. GREEN, M.D., (Lond.), Second American from the third English edition, pp. 316. 8vo.: Philadelphia, HENRY C. LEA, 1876.

Dr. Green's manual is now so well known that detailed criticism is unnecessary. It will be sufficient to call attention to the fact that in this edition the whole work has been thoroughly revised, much new matter added, and the number of original illustrations increased. As a hand book for students the work stands unequalled in this department.

Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

Torsion versus Ligature of Large Arteries.—At the meeting of the *Société de Chirurgie*, held March 22nd, 1876, Tillaux advocates the torsion of large arteries instead of ligature, after amputation.

In five years he had practised torsion of arteries heretofore considered too large for this means of preventing hæmorrhage, in more than one hundred cases.

He only finds it necessary to use one pair of forceps, and with these he twists the end completely off the artery. The end of the artery must be grasped obliquely, not in the direction of its long axis.

Since T. has employed this method he has never seen secondary hæmorrhage, and he finds that it facilitates healing by first intention. He convinced himself that the torsion of large arteries would be a safe procedure by experiments on the cadaver.

In some of these experiments he cut through the lower end of the femoral artery, and after twisting off the proximal extremity, forcibly injected the artery by means of a hydrocele syringe, inserted at Scarpa's triangle. The twisted end never permitted the escape of any water.

The anatomical investigation of an artery upon which torsion has been practised, shows that the outer coat separates from the two inner, to the extent of about $\frac{2}{5}$ of an inch, and tapers off to a point. Within this cone the inner coats are retracted and turned in towards the axis of the vessel so as to form a real valve upon which the usual thrombus is formed, and gradually becomes inseparably united with the inner coat.—(*Quoted in the Berliner Klinische Wochenschrift*, No. 31, 1876.)

On Parametritis.—The Ætiology and Treatment of Parametritis.—By DR. S. H. KISCH of Prague, Physician to the Marienbad Water Cure Establishment, &c.

Gynæcologists have recently given much attention to the subject of inflammation occurring in the mass of connective tissue, which abounds at the sides of the upper end of the vagina and the lower part of the uterus, contributes largely to the formation of the broad ligaments, and is remarkable for its rich supply of blood-vessels and lymphatics. All writers on this subject agree that the puerperal state is the most frequent cause of Parametritis, and some go so far as to assert that it seldom or never occurs under other conditions. The latter view is not only held by certain English Gynæcologists, but has also recently been advanced by a distinguished German author, Professor Schroeder, who in his admirable work on "The Diseases of the Female Organs of Generation," says: "Parametritis is rarely met with excepting in the puerperal female, but whenever it does

otherwise originate the cause is generally to be found in some surgical operation on the vagina or cervix uteri. Any cutting operation done on the cervix uteri may give rise to Parametritis, as may, also, its dilatation by means of sponge tents, the pressure of which upon the mucous membrane causes absorption of offensive secretions. In short, whenever there is abrasion of the epithelial lining of the cervix, so that the subjacent connective tissue is exposed to the influence of septic material, Parametritis is liable to ensue. Any traumatic injury of the cervix may give rise to perimetritis, *but not to Parametritis unless infection of the wound has taken place.*"

For some years past I have in my practice repeatedly had opportunity of observing inflammation of the periuterine cellular tissue result from very slight injuries, and I cannot coincide with the opinions of those English authors who hold that Parametritis is a phlegmonous inflammation of the pelvic cellular tissue which is invariably secondary to the absorption of septic material. In my experience the exciting causes were want of skill in the application, or too much force in the use of vaginal douche, and imprudence in the matter of exercise after stimulating hydropathic procedures.

The persons in whom Parametritis occurred were women suffering from various alterations in the form or position of the uterus as well as ulceration of the cervix, and extreme irritability of the sexual organs.

In the last three years I have seen fourteen* such cases of Parametritis traumatica occurring in women from twenty to thirty-two years of age.

In eleven cases it was caused by the use of a vaginal douche which permitted the flow of too large a stream of water from too great a height, and at too high a temperature; the other three cases were caused by taking violent exercise immediately after the use of the earth, and mineral water baths, (*Moor-und Säuerlingsbäder*). In all these cases the local inflammatory infiltration was accompanied by general febrile disturbance. The local symptoms being preceded from 24 to 40 hours by high temperature, rapid pulse and sometimes by a sharp rigor.

The local symptoms were a feeling of weight and pain in the pelvis, especially when not at rest; discomfort at stool and in micturition, and great sensitiveness of the genital organs when examined. The vaginal mucous membrane felt warmer and moister than normal, and was unduly sensitive.

The inflammatory infiltration appeared as a soft doughy, diffuse and sensitive swelling, situated chiefly at the side of and behind the cervix uteri, but shading off into the broad ligaments. The uterus was always less movable than normal, and in some instances it was quite firmly fixed.

In three cases there appeared not only to be Parametritis, but also an extension of the disease to the pelvic peritoneum.

Febrile symptoms lasted from two to eight days, but the local phenomena continued from one to three weeks, excepting in the three cases last mentioned, where they lasted more than six weeks. The disease always ran a favourable course, and in every instance terminated in complete recovery.

From the foregoing I am inclined to think that Parametritis traumatica occurs rather frequently after slight injuries to already irritable or diseased female sexual organs, but that it runs a favourable course and terminates in speedy recovery, especially when the disease is limited to the periuterine cellular tissue. But to obtain this result a suitable antiphlogistic treatment should be instituted with as little delay as possible; in this connection I purpose to make a few remarks.

Authors are unanimous in recommending vigorous antiphlogistic treatment in pelvic cellulitis, some advise venesection, others are content with local bleeding by means of scarification, leeches and dry cups, but strangely enough they all seem to have overlooked the very best antiphlogistic remedy, that is, the use of cold. In my experience there is no other remedy so reliable as this when used early and in an appropriate manner in traumatic Parametritis, for it will arrest the progress of the disease and bring about resorption in the shortest time possible.

I do not make use of cold water injections, which I consider injurious in all inflammatory affections of the sexual organs, because the water itself acts as an irritant independently of the

mechanical force which it exerts upon the parts, but I apply dry cold by means of my vaginal irrigator, which is a sort of metal speculum placed in the vagina and so arranged that a constant stream of cold water may be conducted through it, and thus cold is applied to the vagina without moisture. — (See *Wiener Med. Wochenschrift*, 1870.)

I make the applications from three to six times daily, according to the severity of the symptoms.

In addition to the local application of cold the patient requires to be kept completely at rest. Occasional purgatives are advisable, and the free action of the kidneys should be sustained by drinking plenty of cold water or soda water.

The purgative I prefer is *Infus. Fol. Senna*, with a carminative to prevent griping.

Cold water clysters I consider objectionable, though less so than the cold vaginal douche.

If, when the acute symptoms have subsided the exudation does not show signs of undergoing resorption, but becomes firmer and the inflammation assumes a chronic form, the cold applications are no longer indicated, and must be replaced by warmth, which is best applied by means of earth poultices to the abdomen, frequently renewed; the latter by their concentrated warmth, are the most efficient aids to absorption, and they act on the skin as powerful derivatives.

It is to be hoped these remarks may be the means of attracting more attention to inflammation of the periuterine cellular tissue; in the continental water cure establishments at least many such cases have been wrongly classified as inflammation of the uterus or peritoneum, in consequence of the injudicious use of baths, douches, &c.

If the attending physicians at such establishments are familiar with the science of Gynæcology, and will take the trouble to make a careful examination whenever pain in the pelvis is complained of in connection with general febrile reaction, the diagnosis of Parametritis will more often be established; but, on the other hand, the disease will occur less frequently in such establishments when more care and discretion is exercised in the use

of vaginal douches and other similar local remedies.—(Quoted from the *Berliner Klinische Wochenschrift*, No. 31, 1876.)

Phosphorus in Nervous Diseases.—By E. LEMAIRE.—After having devoted some pages to the history and physiological action of this drug, as well as to the pharmacology of the same, the author explains its principal therapeutical applications, based upon 73 cases.

I. In paralysis subsequent upon acute diseases, and ataxo-adynamic fevers, as well as hysterical paralysis and that from exposure to cold, phosphorus possesses no special action. The same may be said of paralysis the result of cerebral softening or a cerebral hæmorrhage of a certain extent. But in a paralysis following a hæmorrhage of limited extent, and which has not produced too much disturbance in the nervous system, phosphorus seems to assist and hasten the cure, even when the palsy has lasted for a considerable time, say, for example, for a year. But that the drug may exhibit its full action, it is necessary that all congestive and inflammatory symptoms shall have disappeared. Then we must begin with a dose of $\frac{1}{100}$ grain and gradually increase to a larger quantity, never going beyond $\frac{1}{2}$ or $\frac{1}{10}$ of a grain.

In spinal paralysis, phosphorus is quite inert if the paraplegia be of very long standing and if it be connected with softening or advanced sclerosis of the cord.

II. In locomotor ataxia, the administration of phosphorus is sometimes followed by good results, inasmuch as it strengthens the patient, diminishes the incoördination of the movements, and seems to arrest the progress of the disease and keep it in a stationary condition for perhaps a long period.

It does not appear to have any beneficial action upon the lightning-like pains or upon the ocular disturbances of this disease; and it exerts a very varying influence upon the genito-urinary organs, since it sometimes excites sexual desires, and at other times has no effect of that kind at all.

Want of success of the phosphorus treatment seems to depend

upon several circumstances : 1st. Duration of the complaint. 2nd. The existence of symptoms of congestion of the spinal centres or of an excessive irritability of the nervous system. 3d. The existence of gastro-intestinal troubles, diarrhœa or vomiting, in which cases phosphorus is contra-indicated.

III. Phosphorus has been employed in lead and mercury-poisoning, and in poisoning by the fumes of carbon sulphide. In lead-poisoning it produces no effect, but in the two last it is often followed by very marked improvement.

IV. In paralysis of some of the ocular muscles, in incomplete amaurosis, in amblyopia not symptomatic of organic disease of the retina, in anaphrodisia, the results obtained are uncertain.

The author repeats that we must begin with a dose of $\frac{1}{100}$ gr. gradually increasing the dose to $\frac{1}{2}$ or $\frac{1}{10}$ grain which should be given in two separate portions, and during meal-time, because when fasting it gives rise to eructations of phosphorus odor, and is also more irritating. Besides, as this is a drug which is cumulative in the system, the treatment must be suspended at the end of ten or twelve days, to be recommenced some day subsequently.—(*Revue des Sciences Médicales*, 15 Jan. 1876.)

Congenital Absence of Rectum.—The subjoined case will be interesting, following immediately upon one somewhat similar, recorded by Mr. Howard Marsh in the *Medical Times and Gazette* of May 20.

On Tuesday, May 16, Dr. Bate sent a female child five days old, to see Mr. Maunder. There had been no evacuation from the bowel, but vomiting was frequent. The anus was well formed, and Dr. Bate, who had carefully explored this region with a scalpel, had failed to discover the rectum. Mr. Maunder extended the search, but also failed. He determined to open the abdomen through the left groin, with the hope of reaching the large intestine there.

Operation.—A longitudinal incision, about three-quarters of an inch in length and a finger's-breadth internal to the left antero-superior spine of the ilium, was made through the integ-

uments. The muscles and transversalis fascia were divided to a somewhat less extent, and the peritoneum least of all. A few drops of clear serous fluid escaped, and the bowel having a sacculated appearance presented. Half a dozen very fine sutures made of Chinese twist, fastened the peritoneal coat alone of the bowel to the edges of the wound. The intestine was now opened longitudinally to the extent of about one-third of an inch, and its contents escaped. The margins of the incision into the intestine were then stitched to the wound by four silk sutures.

May 23.—The infant is in capital health a week after operation.—*Medical Times and Gazette.*

Treatment of Diphtheritic Paralysis.

We give here the conclusion of Sir J. Rose Cormack's paper on Diphtheria and its treatment :

“ The principles applicable to the dietetic and medical treatment of the general disease are also applicable to its paralytic sequels. So-called specifics are valueless. The system must be nourished and tonified—the plan adopted being based on rational principles, and carefully modified in accordance with signs, symptoms and results. Cod-liver oil, from its nature as well as from its easy assimilation, proves of signal benefit in arresting waste of tissue. Bordeaux wine is often at once food and physic in the paralysis of diphtheria; and in cases of flagging convalescence, it is of all wines the most recuperative, being alimentary and tonic, as well as stimulating. Sometimes it may be administered very largely ; but it must always be given with the greatest discretion and watchfulness.

Iron is particularly indicated in diphtheritic paralysis, as the patients are always anæmic. There are few cases in which its administration does not prove itself in an obvious manner to be useful in a high degree. Sometimes it is only borne in very small doses.

Nux vomica, either in the form of extract or the liquor strychniæ of the British Pharmacopœia, taken daily, with some ordinary combination of laxatives, such as the compound rhubarb

pill of the British Pharmacopœia, ought to constitute a part of the treatment in nearly every case. It increases the peristaltic action of the intestine, imparts impulsive and retentive power to the bladder, and likewise has a general influence in improving innervation. The dose ought to be moderate, for large doses prove too exciting to the nervous system, and so tend to exhaust rather than invigorate its flagging powers. From half a grain to two grains of the extract once a day, with or without the occasional or constant addition of from five to ten drops of the liquor strychniæ two or three times a day, are suitable doses.

Local treatment is of the utmost importance with a view to direct towards the wasted and wasting muscles a greater supply of blood, and thereby improve their nutrition. Occasional blisters act very beneficially in this way; but they must not be relied on to the exclusion of the constant use of stimulating pastes or liniments. I do not know of any local stimulant more efficacious or better adapted for continuous use, than a ginger and mustard paste. The object of using the paste is to maintain a warm glow in the skin without vesicating it. The potency of the paste must therefore be proportioned to the susceptibility of the skin. By applying too powerful a stimulant to an extensive cutaneous surface, we may be obliged to suspend the local treatment, and so impede the progress of the cure. In some excitable patients who cannot bear long-continued counter-irritation of the skin, a gentle kneading of the paralysed muscles three or four times in the twenty-four hours will be found useful as a means of directing a supply of blood to them. In such cases, after each kneading, a moderately stimulating linament containing a small quantity of laudanum may be applied with great benefit. The laudanum prevents an uneasy bruised feeling, which is often complained of after the kneading, and in irritable subjects is apt to induce restlessness and insomnia.

Galvanic excitement of contraction in the paralyzed muscles is often decidedly useful; but it is a measure which requires to be employed with moderation and at intervals of about twenty-

four hours. If resorted to too early, or too freely, it exhausts the nervous power of the affected muscles.

The principles of the treatment of diphtheria are precise and simple; and yet there are few if any diseases which more severely tax the patience, ingenuity and therapeutic resources of the physician. He has to devise and carry out innumerable little details which do not admit of description, and yet upon which success or failure may depend. He has also more frequently in this than in most diseases, difficulty in holding his own against the wishes of despairing affection, too eager to seek counsel from some special quack, or to try an infallible nostrum, which meddlesome ignorance has declared to have been successful in a "precisely similar case."

The modern neglect of Calomel. — My attention is called not unfrequently to the fact that there is an aversion at the present time to the employment of calomel in many cases in which it appears to me to be plainly indicated.

I shall presently illustrate my meaning, but I cannot forbear to remark that in the neglect of this drug a serious wrong is done to many patients, and a measure of speedy relief to numerous ailments is withheld.

I suppose that at least two causes are to be found for the present disuse of calomel. The first is almost certainly the fact that a large number of the most active practitioners of to-day were educated systematically and clinically in the belief that powerful medication of all sorts is an evil, that mercury in particular should be avoided if possible, or very cautiously administered, and that the laws of nutrition, the natural history of disease, and the *vis medicatrix naturæ* were better objects for study and observation. At all events, it may be stated that in the Edinburgh school some fifteen or twenty years ago, with some decided exceptions, however, and more than one London Hospital, this was the general drift of the teaching, flowing as it did from the remarkable advances in physiology, pathology and histology which characterized that period. In truth it is not too

much to affirm that a thread of scepticism as to therapeutics generally was woven into medical teaching at that time, and the effects of this are still manifested in various ways.

Secondly, notwithstanding this, and during the above-mentioned period, the list of the *materia medica* has been considerably enlarged, and many new drugs have been introduced into practice, and many improved preparations of old ones have been made.

Again, the views of many distinguished teachers have differed, and still differ, as to the value of mercurial medication in the treatment of syphilis, and not a few students have been educated of late years in the belief that mercury exerts no real power for good over syphilitic processes.

Much change of practice has likewise occurred in the treatment of acute inflammation during the last quarter of a century : thus pneumonia, peritonitis, and pericarditis were formerly systematically treated by calomel and opium ; but the *nihilism* of homœopathy, and so-called expectant treatment showed what the natural history of these disorders really was, and enabled a more rational system of therapeutics to be evolved.

There is, I believe, little doubt that mercury gained undue reputation in the treatment of disease at a time when the diagnosis of visceral and other forms of syphilis was either not made, or was at any rate less exact than now, and when many disorders of a venereal origin were thus supposed to be inflammatory or idiopathic in their nature.

But I am not now about to discuss this or any other like matter.

Nothing is more certain in the history of medical art than that mercury was too freely and too often employed at the beginning of this century ; but it appears to me that the reaction has been too extreme, and thus the disuse of mercurials has become with many almost a principle in modern practice.

What I now desire to call attention to is the neglect of mercurial medication in many so-called "functional" derangements of the body. And, as being uppermost in my thoughts, I mention first, as an instance which calls for this treatment,

cases of acute gastric catarrh, the conditions described by French writers as *embarras gastrique*, and but too well-known in all ranks of English life as "biliousness." As an accompaniment of many constitutional ailments, of acute inflammations, the continued fevers, the exanthemata, and rheumatic fever, it is commonly enough met with, while as a result of intemperance in food and strong liquors it is even more familiarly known. But the frequency of its occurrence in children, not always as a result of over-eating, but often ensuing, I believe, upon check to the functions of the skin from improper exposures, and insufficient clothing, is not fully appreciated. In these cases there is sometimes a remarkable degree of pyrexia present at some periods of the day, and several *pseudo-prodromata* of enteric fever may be noted. Indeed this catarrhal fever really constitutes a large part of the early trouble in many cases of the latter disorder. The same condition is also very common during active periods of dentition, when the catarrh is often more distinctly appreciable as a flux from the nasal or bronchial membranes, and may be, and often is, mistaken for the ordinary effects of cold.

Strong prejudice is met with sometimes amongst classes of patients who can descry the word "*hydrargyrum*" in their prescriptions, and its presence is held to savour somewhat of violent and effete practice, and of unwarrantable undermining of the constitution.

It is in response to some such feeling and objections as these that many practitioners hailed with satisfaction the advent of such a drug as podophyllin, which gained for itself, somewhat unwarrantably, as I believe, the name of "vegetable mercury." This drug, which is uncertain in action and often productive of griping, even when guarded with henbane and given with other aperients, generally requires to be repeated, and in this way time is lost, and the results are often far from being so beneficial as those which follow the action of a grain or two of calomel.

It cannot, I think be doubted that calomel, either alone or in combination with jalap, colocynth, or scammony, constitutes one of the most certain and efficacious purgatives, clearing the entire

portal system, producing a large flow of bile in the motions (though not manifestly acting as a strict cholagogue from the liver), and affording a measure of relief to the body unattainable by any other means.

To secure this result is a leading principle in the conduct of the catarrhal state above described. And besides this condition, I would adduce the cases of acute gout and of gouty dyspepsia, which are eminently well treated by calomel at the outset; so, too, many of the recurring congestive troubles of chronic cardiac and pulmonary disease are amenable to the same medication, care being taken to withhold the drug in cases where there is manifest renal degeneration, since, as is well-known, mercury is ill borne under these circumstances, and may be mischievous.

Undesirable results would follow if mercury was frequently given in such cases as I have enumerated; but I only allude to the practice of employing it at the outset, and then it should be given boldly in doses of from one to five grains over night, once for all. In adults a draught may be given on the following morning, containing any suitable saline aperient, such as sulphate of magnesia or Carlsbad salt. This plan leads the way to a simpler or more specific course of treatment in any given case. I am satisfied that in many minor disorders of children nothing can take the place of calomel as a purgative, and much time is often lost by beginning with drugs that are accounted more simple. The only medicine that appears to me to approach calomel in value is castor oil; but this is constantly a source of trouble from its disgusting character.

I find that calomel is distinctly preferable to grey powder as a purgative, just as for other purposes strychnia is to milder preparations of nux vomica. Its action is smarter and more decided. It has also the great merits of being tasteless, and of exciting no nausea, and its bulk is small.

In strumous children, or in healthy ones who suffer occasionally from gastric catarrh, with tenderness and some tumidity of the liver, no medicine is comparable to a purgative containing calomel. After its action a copious bilious stool or two are passed, the tongue is observed to become cleaner, the feverish-

ness pertaining to this state subsides, and the child becomes brighter, and has restored appetite. A so-called simpler treatment with soda or citrate of potash will often fail to yield these results, and so too will repeated doses of rhubarb and senna. The constant failure of "nursery remedies" in these cases must have forced itself upon the minds of most practitioners, and, truly, by the time medical advice is sought the time for the administration of calomel has fully arrived.—DR. DUCKWORTH, *Practitioner*, July.

Treatment of Internal Diseases.—On the advantage of the introduction of large quantities of fluid into the bowels in the treatment of internal diseases, by Prof. F. Mosler, (quoted in Schmidt's Jahrbücher, Band 170 Hft. 2.)

G. Simon has many times observed in his experiments made on individuals suffering from faecal fistulae, that water injected into the rectum passes through the whole large intestine, and perhaps part of the small, without the least injury to the patient. Lately Prof. Hegar has devised a method of introducing fluid into the bladder and intestines without the aid of a syringe or force pump. His method is very simple and is as follows: for the bladder a catheter and for the intestines a tube is used with an olive shaped tip, to either of these is attached a piece of india-rubber tubing a foot and a half long with a glass funnel. In introducing fluid into the bowels the patient is placed in his hands and knees, to avoid pressure on the abdominal walls, the tube is introduced into the rectum and the glass funnel is raised a little above the level of the anus and the fluid to be introduced is poured into it and passes without difficulty into the intestines.

The patient should not be kept too long in his hands and knees as he will be liable to severe headache. In very weak patients and those suffering from fever it is impossible to keep them in this position for any time; in such cases, if the india-rubber tube is lengthened, the patient may remain lying on his back, and if the glass funnel be held high up there will be no difficulty in introducing the fluid.

A too rapid distension is to be avoided, by means of Hegar's "Irrigator," fluid is gradually and uninterruptedly introduced into the bowels. We know that the fluid has reached the cæcum by percussion giving a dull sound after the introduction of the fluid where before the sound had been quite tympanitic. Experiments were tried on the dead subject, as to how far the fluid penetrated by injecting fluid colored with anilin, but these experiments were without result owing probably to the want of tone in the bowel, which allowed it to be dilated to an enormous extent. In a patient who had a fistulous opening at the junction of the cæcum with the ascending colon Hegar's "Irrigator" was used, the patient lying on his back and on water being poured into the glass funnel it passed so quickly that in two minutes it came out of the fistula in a jet, so here was proof that by means of this "Irrigator" fluid could easily reach the cæcum.

As to whether the fluid can pass through the ileocaecal valve Prof. Dumann of Eldena has made numerous experiments on dogs and pigs. In dogs he found that the fluid easily passed the ileocaecal valve and for some distance into the small intestine. The experiments on pigs are of more use as their intestines resemble more closely the intestines of human beings; in them Prof. Dumann, by means of the "Irrigator" succeeded in introducing fluid into the small intestines with the greatest ease. Dr. Hoffmann, in cases of typhus and ulceration of the bowels, says this method is of use in washing out the bowels and in the cases where it was used the pain and flatulency immediately disappeared and that also in these cases the stools returned to their healthy condition much sooner than in those cases where the bowels were not washed out.

Furthermore that in cases of obstruction of the bowels this washing out has had the best results. It has also been found useful in Icterus (especially catarrhal) and in Cholelithiasis (gall-stone). In these latter diseases the treatment is based on the physiological fact that by injecting water into the bowel the bile secretion is diminished and from a viscid secretion it becomes thin and clear. * * * * This mode of treatment

is especially useful in Helminthiasis. It has been most successful in getting rid of worms whose habitat is in the large intestines as the oxyuris vermicularis, a tablespoonful of Liq. Chlorig, or half a tablespoonful of Benzine to the quart of water being used as the injecting fluid. In tapeworm it has been found useful addition to the ordinary methods of treatment, after giving male fern or other vermifuges by the mouth, to inject a couple of quarts of water per rectum two or three hours after. —*Schmidt's Jahrbücher*, 1876.

Salicylic Acid as an Antipyretic. —

By S. WOLFFBERG.—Wolffberg's work is nearly a complete refutation of the recent one of Buss. Wolffberg gives first the results with the trials of salicylic acid undertaken under the direction of Professor Ziemssen; then reviews the observations published by Buss himself, and does not admit that we can draw therefrom the same conclusions as the writer. Wolffberg holds that salicylic acid given in large doses, can, in many cases, lower the temperature of the patient—but it is necessary to give large doses—60 grains are not enough, and 90 grains are not too much. A dose of sulphate of quinine, therefore, does not find its equivalent in twice the quantity of salicylic acid, as Buss has claimed. Besides the effect of salicylic acid is of short duration. Wolffberg seems to compare it in several passages of his work to that produced upon the temperature by a tepid bath. And further, salicylic acid possesses this antipyretic action only in the milder forms of fever, in the more sure and intenser forms it remains quite powerless. To sum up, for certainty of action, safety and intensity of its effects, salicylic acid cannot be compared to sulphate of quinine, as had been maintained by Buss. And the criticisms of Wolffberg do not stop here. Buss had said that salicylic acid had exerted no irritant action upon the surfaces with which it came in contact. That the patient to whom he had administered it, showed no symptoms whatever of irritation of the digestive or the vesical mucous tracts. Wolffberg does not admit

these conclusions. A patient of his, treated with salicylic acid suffered from a bleeding pharyngitis, due to the medicine having been given in powder. In the case of another patient who died during the treatment, there were found at the autopsy, ulcerations of the stomach and duodenum which could not be accounted for except by the caustic action of the salicylic acid. On the other hand, to support his own opinion by more numerous observations, Wolffberg administered salicylic acid during some days preceding their death, to three phthisical patients who were evidently approaching their end: on every occasion he found at the autopsy traces of an ulcerated gastritis. Besides, several of his patients complained during life of a sensation of burning in the region of the stomach. Again, Wolffberg after having given the salicylic acid to a dog, found the characteristic ulcerations in the intestinal tract. He concludes from all these facts, to which may be added those of Fürbringer, that salicylic acid cannot be given internally either in powder or in draught, in which it is merely held in suspension. It should therefore be given in solution. Wolffberg has given it to some patients dissolved in alcohol or glycerine, but obtained, from an antipyretic point of view, nothing but negative results; besides, small doses only could be given in this way. Lastly, he tried to treat seven cases of typhoid fever by means of the prolonged use of salicylic acid in solution, on the theoretic ground of utilizing the antiseptic properties of the acid for the destruction or the counteraction of the “(hypothetical) *materies morbi* which alters the constitution of the blood” in typhoid fever. These trials did not succeed.

In spite of the discouraging results obtained from salicylic acid in his hands, the author does not think that this therapeutic agent ought to be entirely given up. He proposes to utilize its antiseptic properties to the treatment of putrid fermentative processes in the digestive canal, especially the stomacho-intestinal catarrh of children, and secondly in the affections of the urinary passages, accompanied by an alkaline fermentation of the urine.—(*Revue des Sciences Médicales*, 15th Jan. 1876.)

Chloral in Tetanus.—A case recently reported in a French provincial journal will show the extent to which chloral may be administered in Tetanus.

In the present instance it had originated from an axe-wound on the finger and the trismus and paroxysms of tonic spasms were extremely well-marked. The treatment was begun by administering 45 grains of chloral in three divided portions at intervals of 10 minutes. Given in this way a similar amount (45 grains), was taken every 3 hours for 24 hours. At the end of this time the patient had regained power of movement over nearly all the previously affected muscles. The dose of chloral was then diminished to 30 grains every 3 hours. On the fourth day of this treatment the patient was observed to be somewhat cyanotic and constantly inclined to sleep. The dose was then diminished to 25 grains, with instructions to the attendants to double the dose if tetanic spasms again shewed themselves. For three days following, this dose was continued every six hours; then for one day, every 12 hours; and lastly for the remaining few days of treatment during which some slight spasms alone were experienced, once in 24 hours.

On the fourteenth day all tetanic symptoms had disappeared and the wound healed. Two months afterwards at the time of the report, the patient remained perfectly cured.—(*Bulletin general de Therapeutique*, June 30, 1876.

Hypodermic Injections—in glandular enlargement.—The *Practitioner* says that, in a recent paper, Dr. Jacobowitz, of Nagy-Karoly, starts from the principle that no inflammation to which a degenerative action is attributable is occasioned by the injections, but by this means a solvent of a non-irritating character is brought into direct contact with the glandular tissue. He avoids tincture of iodine, all alcoholic fluids, and carbolic acid, and uses instead a weak solution of iodide of potassium in the proportion of about one part to thirty of water. He gives two cases in which he obtained extraordinarily successful results. In one case he made a puncture into the

most prominent part of a gland which was enlarged to the size of a goose's egg, pushing the needle in obliquely to a considerable distance. After injecting about the fourth of the syringe-ful a resistance was felt; he then withdrew the needle for a short distance, penetrated a septum on one side, and again injected a quarter part. By repeating this process, he threw in about fifteen grains of the iodide in an ounce of water. The tumour almost immediately became harder, smaller and less painful. After four injections performed in the course of two days, the tumour gradually dwindled to the size of a hazel-nut, and ultimately vanished altogether. The second case was very similar. Here, however, two dark-blue bodies remained, which were so hard that it seemed to be impossible to inject them. Dr. Jacobowitz, however, injected hypodermically the iodide on two occasions, and with perfect success. Ten injections were required altogether. The small quantity of the iodide required to produce the effects observed is very remarkable.—*Medical and Surgical Reporter*.

Obliteration of Depressed Cicatrices.

Operation for, after Glandular Abscesses or Exfoliation of Bone. Mr. William Adams has performed this operation with great success. So many faces are rendered unsightly by these deep cicatrices, that any operation which results in the removal of the deformities must be a blessing to those afflicted by them. The operation is original, and consists in subcutaneously dividing all the deep adhesions of the cicatrix, by a tenotomy-knife introduced a little beyond the margin of the cicatrix, and carried down to its base, so as to carefully and thoroughly evert the cicatrix which remains prominently raised. Two hare-lip pins or fine needles are then passed through the base, at right angles to each other, so as to maintain the cicatrix in its everted and raised position, where it is so retained for three days. At the end of this time the needles are removed, and the somewhat swollen and infiltrated cicatricial tissue is allowed to settle gradually down to the proper level of the skin. He gives the

full history of three such operations in his paper. The permanency of the cure is illustrated by cuts of two cases, in one of which the operation was done nine, and in the other three years ago. The depressions seem to be completely obliterated.—*British Medical Journal*.

Ablation of the Cuboid Bone in Congenital Varus.—Dr. H. J. Little says the only cases where this operation can be performed are those where inveterate deformity exists, and which are curable by no other means. Infantile congenital club foot, he says, can, and ought to be, cured before the age of twelve or sixteen months, before the time a child commences to walk. If properly treated at that time, he thinks the use of splints and any mechanical aid will be unnecessary in walking.—*Brit. Medical Journal*.

Personal.

We are glad to see that H. L. Gilbert, M.D., ('75), has passed the examination for the M.R.C.S. He arrived by the last steamer, and purposes entering practice with his father in Sherbrooke.

L. Secord, M.D., ('76), has commenced practice in Philadelphia.

F. Sneider, M.D., ('76), has commenced practice in Rochester, N.Y.

S. J. Robinson, M.D., ('76), has gone to Chicago where he purposes practising his profession.

Alexander D. Blackader, M.D., ('71), has passed the final examination for the M.R.C.S.

Dr. T. Craig, ('76), is practicing in Yolo County, California.

Dr. Colquhoun, ('76), is practising in Durham, P.Q.

Dr. Wm. Smith, ('76), is practising at St. Armas, P.Q., six miles from Lachute.

CANADA

Medical and Surgical Journal.

MONTREAL, SEPTEMBER, 1876.

REPORTS OF THE MEDICAL OFFICERS OF HEALTH OF THE CITY OF MONTREAL.

We have received the reports of the medical officers of health of the city of Montreal, for the year ending 31st December, 1875, and it is with something akin to amazement, that we find two separate and distinct reports—differing in some very important particulars—which give the impression that neither are reliable, for who amongst the citizens is in a position of accepting or rejecting either report. The data of these reports have been taken from the public documents. What can we say of those documents when two gentlemen who professedly devote their time and energy to the subject of statistics, can compile two separate and distinct reports, each of which are presumed to be truthful and without fallacy.

We cannot avoid making reference to some of the anomalies of these remarkable documents. In giving the legitimate death rate of the city for the year 1875, exclusive of the still born and foundlings, both gentlemen agree in putting it at 4,328, this takes in all deaths which occur in the Hospitals and other charitable institutions. We have compiled a few remarkable statements in these reports touching the causes of death—we doubt not that they admit of explanation and may both be correct, all we

can say is that they appear to differ. We will place them side by side so that our readers may judge for themselves.

ENGLISH REPORT BY DR. DUGDALE.		FRENCH REPORT, BY DR. LAROCQUE.	
Small-pox, total deaths.....	590	Small-pox, total deaths.....	592
Infantile Debility.....	509	Infantile Debility.....	391
Consumption.....	417	Consumption.....	437
Diarrhœa.....	233	Diarrhœa, Dysentery, Cholera Infantum, and Dentition...	601
Scarlatina.....	198	Scarlatina.....	197
Pneumonia.....	169	Pneumonia, Bronchitis and other Diseases of the Lungs	361
Convulsions.....	125	Convulsions.....	125

Referring to the present number of the population, Dr. Dugdale in his report estimates the increase by adding six per cent. per annum for the four years since the taking of the last census. This appears to be very much in excess, as in another place he estimates the increase of the French population by birth-rate over the deaths at 20.95 per thousand. This would give an increase of ten per cent. in five years, which would make our population outside of all extraneous aid less than 128,000, supposing that all nationalities had increased in the same ratio. But we find that the English-speaking population have not been so prolific, and that their increase by birth-rate has been less than half that of their French-speaking fellow-countrymen. We may here state that the birth-rate was obtained from the returns of the churches to the Prothonotary, which give alone a record of baptisms, and not births.

The energetic Chairman of the Health Committee, Mr. Alderman McCord, on ascertaining from the records that a number of Protestant churches in this city had made no returns, notified these defaulters by circular when a record of eighty-four births was handed in to the Health Department. We willingly believe that there are many more births amongst the Protestant community of whom no record exists, and therefore the calculations thus obtained are worthless. Dr. Dugdale's estimate on the basis of adding six per cent. per annum, for the four years since the taking of the last census, would yield a population of 148,000, which would give a death-rate of 29 per thousand.

Dr. Larocque in his report estimates the increase of the popu-

lation at the same rate, for the past four years, that is to say from the last decennial census, as was noticed to occur during the ten years next before 1871, which according to Dr. L., would yield in the aggregate 132,000. Now herein lies the fallacy. From 1861 to 1871, the city of Montreal increased in population by 27,542. This, at the same ratio of increase would yield a present population of 128,881 souls. The past four years have been unpropitious for the growth of our city, inasmuch as there has been very considerable financial distress, and a large number of operatives have been forced to leave the city in consequence of the closure of many of our factories. We merely allude to these facts to show how utterly absurd it is to deal in inflation. The 148,000 of the English report is torture to the very last degree, the other report is, at least, more modest in its assumption, and far nearer the truth. Dr. Larocque alludes to the sad falling off of Paris, and he informs us on the authority of Dr. Brochard, that for the year 1875, the deaths exceeded the births by some 5,000.

The population of France is at the present day increasing at a lower rate than any other European nation. From 1871 to '75 it has been calculated that France would double its population in 1,380 years. Germany in the same period would double its population in 98 years; Austria, in 62 years; Denmark, in 73 years; Great Britain, in 63 years; Norway, in 51 years; and our Canadian fellow-countrymen in about 48 years. If, indeed, the French Canadian adopted more thoroughly than he does a strict sanitary code, in all his relations of life, we believe he would double his population in a much shorter space of time than above indicated, as they are a hardy, frugal temperate race, and long lived.

We have thus far gone into the fallacies of these reports, we will now turn to what is to ourselves a far more pleasing task, and note what is commendable. In criticising these reports, in all fairness, we must admit that the health officers have had very poor and unreliable records to work upon. We want to call attention to the fact that Mr. Alderman McCord's circular to the Protestant clergy brought forth a record of eighty-four births

which had not been returned. We should like to know who these defaulters are, but in the absence of further information on this head, we may remark that this is a commentary on how our returns are kept, and furnishes a powerful argument in favour of a general registration act. We doubt if there are many Aldermen McCords through the country who with inquisitive ardour will nudge the memories of the defaulting shepherds scattered over this Dominion, and their name is legion.

Both reports give some interesting facts with regard to variola and vaccination. This appears to be more full in the report of Dr. Larocque than in that of Dr. Dugdale, who, on the other hand, compares vaccination as practised in this city with the laws bearing on this subject in various European countries.

Both gentlemen go rather fully into the subject of Foundlings, but while giving us much matter which we have had dinned into our ears in a somewhat different form, there is no new proposal or new method suggested to overcome the difficulty. It is the same thrice told tale of shame, seduction, misery and death—and the same mortality in spite of all that can be done to lessen it. The same experience the world over, and the sooner we learn the lesson that had Dame Nature intended our children to be brought up with a bottle, or to be artificially fed, the human female would have been produced minus her breasts, for nature appears not to make anything which is superfluous or for show only.

We must close these remarks as we have already extended beyond our limit. Both reports are well and carefully got up, but we should advise our friends to unite, and give us this next year one single report, one which may be regarded truthful so far as truth is attainable, one which may be looked upon as not dealing in imagery. The health officers owe it to themselves not to make themselves appear ridiculous. They owe it to the citizens to give reliable and truthful information on sanitary subjects, as for that purpose and with that end in view they were appointed to fill the very onerous and responsible positions of health officers of the city.

We copy by request the following from the *Boston Daily Globe*:

PHARMACEUTICAL CHEMISTRY AT THE CENTENNIAL. — Chemists, students teachers, and all persons interested in the arts, and in the chemical industries and products, as represented in the Exhibition, cannot fail to be proud of the display in this department by the chemists of the United States. Among the 587 exhibitors of the various classes of Chemical Products a Boston house makes an exhibit which, for beauty of arrangement, variety and costliness of the products, can scarcely be equalled, and is creditable not only to Boston but to the whole country.

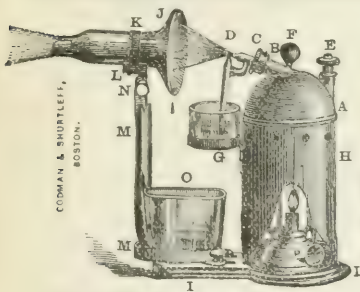
Upon a triangular space, 16 by 17 feet, in the main exhibition hall, is erected a unique and elegant stand over twenty feet in height, which at once attracts the attention of the visitors to the Exhibition. Approaching nearer to this exhibit we see the name of the house, Billings, Clapp & Co., Boston, upon a groundwork of black velvet, in letters eighteen inches in length, each letter consisting of beautiful crystals of Bromide of potassium. In front may be seen several large glass cases, one octagon in shape, containing large crystals of nitrate ammonia, weighing 150 pounds each. Upon shelves are arranged more than sixty specimens of the products of their laboratory, in glass jars, some of which have the capacity of a barrel, the largest ever made in this country. The only specimens of Propylamin and its compounds in the exhibition are found upon this stand, and some idea of the rarity and costliness of this article may be obtained from the statement that the contents of three bottles are valued at more than \$2000. They have also a jar of the capacity of twenty-five pounds, filled with carbonic acid, of perfect whiteness, and the largest specimen to be seen in the Exhibition. We noticed particularly a jar of the citrate of bismuth; also, fine specimens of the citrate of iron and bismuth in scales, sulphite of sodium in crystals, the various preparations of gold and silver used in photography, salts of bismuth, iron, lead, mercury, etc., etc.

It is evident to all competent to judge that we have in New England manufacturers who can successfully compete in pharmaceutical chemicals with any house in the United States, and whose products compare favorably with those of any other country.

We see that the soluble Sugar-coated Pills of Messrs. Warner & Co., of Philadelphia, have gained the prize medal at the Chilian World's Fair. This will not be a matter of surprise to any one who has ever had occasion to use them.

CODMAN & SHURTLEFF'S

Apparatus for Local Anæsthesia and Atomization of Liquids.



The Complete Steam Atomizer (Type).
(Patented March 24, 1868.)

All the joints are hard-soldered.
It cannot be injured by exhaustion of water, or any attainable pressure, and will last for many years.

It does not throw spirits of hot water; is convenient, durable, portable, compact and cheap in the best sense of the word. **Price, 6.00.**

Brass parts, nickel-plated, additional, \$2.50.

Neatly made, strong Black Walnut Box, with convenient Handle, additional, \$2.50.

Each of the above Apparatus is supplied with two carefully-made annealed glass Atomizing Tubes, and accompanied with directions for use. The steam apparatus is tested with steam, at very high pressure. Each apparatus is carefully packed for transportation, and warranted perfect. Also,

Hand Ball Apparatus (without shield), with two Glass Tubes, - - - \$3.50

Boston Atomizer (with shield) (single bulb), two Glass Tubes, - - - 2.50

Perfume Atomizer, for Perfumes disinfectants, &c., - - - 1.50

Nickel-Plated Tube, for Local Anæsthesia, and for Inhalation, each, - 0.75 to 2.00

Nasal Douche, for Treating Diseases of the Nasal Cavity; eight different varieties, each with two Nozzles, packed, - - 1.25, 1.50, 1.75, 2.00, 2.50 and 3.50

A Pamphlet, containing two articles, by distinguished foreign authority, on "Inhalation of Atomized Liquids," formulae of those successfully employed.

Also, an article by Dr. J. L. W. THURICOM, M. R. C. P., on "A New Mode of Treating Diseases of the Nasal Cavity," with his formulae.

Also, an illustrated description of the *best apparatus* for the above purposes, and for producing *Local Anæsthesia* by Atomization with Ether, by the method of Dr. RICHARDSON, of London; or with Rhigolene, as described by Dr. HENRY J. BIGELOW, in the *Boston Medical and Surgical Journal* of April 19, 1865. Will be sent by mail (post-paid) on application.

ALSO FOR SALE:

Cammann's Stethoscope Disarticulating.	\$7.00	Lente's Intra-Uterine Caustic Instruments.	\$1.25 to 3.00
Knight's Modification	do 9.50	French Rubber Urinals, with valves, male, for night or day.	6.00
Simple Throat Mirrors	1.00	French Rubber Urinals, male, day only	2.50 to 4.00
Ophthalmoscopes, Liebreich's.	4.00 to 6.00	do do female, do	3.00
Holt's Diator.	20.00	Vaccinators, Automatic, in case, post p'd	3.50
Barnes' do. set of three, with inflator.	5.00	Laryngoscopes, complete	16.00 to 30.00
Bowman's Probes, per set.	4.00	Dr. Oliver's Laryngoscopic Lantern.	4.00
William's Modification of do., per set.	4.00	do do do with Auto-Laryngoscopic Attachment.	5.00
Large Ear Mirrors.	3.50 to 5.00	Dr. Oliver's Laryngoscopic Lantern, with Auto-Laryngoscopic Attachment, and three Laryngoscopic Mirrors, in case.	9.00
Hypodermic Syringes.	3.00 to 13.00		
Millers' Intra-Uterine Scarificator (post-paid), in case.	7.00		
Gaiffe's Electro-Medical Apparatus	15.00		
Æsthimeters.	3.50 to 5.00		

SEND FOR DESCRIPTIVE CIRCULAR.

Trusses—Spinal and Abdominal Supporters—Shoulder Braces—Suspensory Bandages—Elastic Hose—Medicine Trunks and Pocket Medicine Cases—Otosopes—Endoscopes—Dr. Sayre's Splints for Hip-Joint Diseases—Fever Thermometers—Respirators—Syringes—Crutches—Universal Syringes—Galvanic Batteries and Apparatus—Uterine Sponge Tents—French Conical and Olive-tipped Bougies and Catheters.

Skeletons, Skulls, Manikins, anatomical and Pathological Models and Charts on hand, or imported to order; prices on application. All Instruments, Implements, and Materials used by Dentists, always on hand. Apparatus for Club Feet, Weak Ankles, Bow Legs Spinal Curvature, and other deformities, made to order.

INSTRUMENTS MADE TO ORDER, SHARPENED, POLISHED AND REPAIRED

CODMAN & SHURTLEFF,

An Illustrated Catalogue of Surgical and Atomizing Instruments sent by mail post-paid, on application.

13 AND 15 TREMONT STREET, BOSTON, M

HARVARD UNIVERSITY

MEDICAL DEPARTMENT, BOSTON, MASS.

NINETY-THIRD ANNUAL ANNOUNCEMENT.(1876-77.)

FACULTY OF MEDICINE.

CHARLES W. ELLIOTT, LL.D., *President*.
CALVIN ELLIS, M. D., *Professor of Clinical Medicine, Dem.*
JOHN B. S. JACKSON, M. D., *Professor of Pathol. Anatomy.*
OLIVER W. HOLMES, M. D., *Prof. of Anatomy.*
HENRY J. BIGELOW, M. D., *Prof. of Surgery.*
JOHN E. TYLER, M. D., *Prof. of Mental Diseases.*
CHARLES E. BUCKINGHAM, M. D., *Professor of Obstetrics and Medical Jurisprudence.*
FRANCIS MINOT, M. D., *Professor of the Theory and Practice of Medicine.*
JOHN P. REYNOLDS, M. D., *Instructor in Obstetrics.*
HENRY W. WILLIAMS, M. D., *Professor of Ophthalmology.*
DAVID W. CHEEVER, M. D., *Professor of Clinical Surgery.*
JAMES C. WHITE, M. D., *Prof. of Dermatology.*
ROBERT T. EDEN, M. D., *Prof. of Materia Medica.*

HENRY P. BOWDITCH, M. D., *Ass't Professor of Physiology.*
CHARLES B. PORTER, M. D., *Demonstrator of Anatomy and Instructor in Surgery.*
FREDERICK I. KNIGHT, M. D., *Instructor in Percussion, Auscultation and Laryngoscopy.*
J. COLLINS WARREN, M. D., *Instructor in Surgery.*
REGINALD H. FITZ, M. D., *Ass't Professor of Pathological Anatomy.*
WILLIAM L. RICHARDSON, M. D., *Instructor in Clinical Obstetrics.*
THOMAS DWIGHT, JR., M. D., *Instructor in Histology.*
EDWARD S. WOOD, M. D., *Ass't Professor of Chemistry.*
HENRY H. A. BEACH, M. D., *Ass't Demonstrator of Anatomy.*
WILLIAM B. HILLS, M. D., *Instructor in Chemistry.*

OTHER INSTRUCTORS.

GEORGE H. F. MARKOE, *Instructor in Materia Medica.*
FRANK W. DRAPER, M. D., *Lecturer on Hygiene.*

THE FOLLOWING GENTLEMEN GIVE SPECIAL CLINICAL INSTRUCTION:

FRANCIS B. GREENOUGH, M. D., and EDWARD WIGGLESWORTH, JR., M. D., *in Syphilis.*
JOHN O. GREEN, M. D., and CLARENCE J. BLAKE, M. D., *in Otology.*
JAMES R. CHADWICK, M. D., and WILLIAM H. BAKER, M. D., *in Diseases of Women.*
CHARLES P. PUTNAM, M. D., and JOSEPH P. OLIVER, M. D., *in Diseases of Children.*
SAMUEL G. WEBBER, M. D., and JAMES J. PUTNAM, M. D., *in Diseases of the Nervous System.*

The plan of study was radically changed in 1871*. Instruction is given by lectures, recitations, clinical teaching, and practical exercises, distributed throughout the academic year. This year begins September 28, 1876, and ends on the last Wednesday in June, 1877. It is divided into two equal terms, either of which is more than equivalent to the former "Winter Session," as regards the amount and character of the instruction. The course of instruction has been greatly enlarged, so as to extend over three years, and has been so arranged as to carry the student progressively and systematically from one subject to another in a just and natural order. In the subjects of anatomy, histology, chemistry, and pathological anatomy, laboratory work is largely substituted for, or added to, the usual methods of instruction.

Instead of the customary oral examination for the degree of Doctor of Medicine, held at the end of the three years' period of study, a series of written examinations on all the main subjects of medical instruction has been distributed through the whole three years; and every candidate for the degree must pass a satisfactory examination in every one of the principal departments of medical instruction during his period of study.

DIVISION OF STUDIES.

For the First Year.—Anatomy, Physiology, and General Chemistry.

For the Second Year.—Medical Chemistry, Materia Medica, Pathological Anatomy, Clinical Medicine, Surgery, and Clinical Surgery.

For the Third Year.—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery, and Clinical Surgery.

Students are divided into three classes, according to their time of study and proficiency. Students who began their professional studies elsewhere may be admitted to advanced standing; but all persons who apply for admission to the second or third year's class must pass an examination in the branches already pursued by the class to which they seek admission. Examinations are held in the following order:

At the end of the first year—Anatomy, Physiology, and General Chemistry.

End of second year—Medical Chemistry, Materia Medica, and Pathological Anatomy.

End of third year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery, and Clinical Surgery.

Examinations are also held before the opening of the School, beginning September 25th.

Students who do not intend to offer themselves for a degree will also be received at any part of the course for one term or more. Any student may obtain, without an examination, a certificate of his period of connection with the school.

REQUIREMENTS FOR A DEGREE.—Every candidate must be twenty-one years of age; must have studied medicine three full years, have spent at least one continuous year at this School, have passed the required examination, and have presented a thesis.

COURSE FOR GRADUATES.—For the purpose of affording to those already Graduates of Medi-

cine additional facilities for pursuing clinical, laboratory, and other studies, in such subjects as may specially interest them, the Faculty has established a course which comprises the following branches: Histology; Physiology; Medical Chemistry; Pathological Anatomy; Surgery; Auscultation, Percussion and Laryngoscopy; Ophthalmology; Dermatology; Syphilis; Psychological Medicine; Otology; Electro-therapeutics; Gynaecology; and Obstetrics. Single branches may be pursued, and on payment of the full fee also the privilege of attending any of the other exercises of the Medical School, the use of the laboratories and library, and all other rights accorded by the University will be granted. Graduates of other Medical Schools who may desire to obtain the degree of M. D. at this University, will be admitted to examination for this degree after a year's study in the Graduates' Course.

FEES.—For Matriculation, \$5; for the Year, \$200; for one term alone, \$120; for Graduation, \$30. For Graduates' Course, the fee for one year is \$200; for one Term, \$120; and for single courses such fees as are specified in the Catalogue. Payment in advance.

Members of any one department of Harvard University have a right to attend lectures and recitations in any other department without paying additional fees.

For further information or Catalogue, address

DR. R. H. FITZ, *Secretary*,

108 Boylston street, Boston, Mass.

*On and after September, 1877, an examination on Entrance will be required. For particulars see Catalogue.

ESTABLISHED 1859.

HENRY R. GRAY,

Dispensing Chemist.

144 ST. LAWRENCE MAIN STREET.

MONTREAL.

An assortment of Surgical Instruments by best makers.

SPECIALITIES:

GRAY'S Unalterable Syrup of Chloral Hydrate.

GRAY'S Unalterable Syrup of the Iodide of Quinine.

GRAY'S Chemical Food (Parrish's Formula.)

GRAY'S Compound Cathartic Pills (Sugar Coated.)

GRAY'S Castor-Fluid for the Hair.

GRAY'S Chloro-Camphoryne, &c., &c., &c.

Physicians, Hospitals and Charitable Institutions, supplied with Genuine Drugs and Chemicals on favorable terms.

N.B.—Physicians prescriptions carefully attended to.

First class clerks only employed.

JAMES GOULDEN,
WHOLESALE AND RETAIL DRUGGIST,

175 St. Lawrence Street, 363, St. Catherine Street,

208 St. Paul Street, Montreal.

IMPORTER OF

Drugs, Chemicals, Trusses, Suspensory Bandages, Abdominal Supporters,

Umbilical Bands, Silk Stockings, Urinals, Rubber and

Porcelain Bed Pans, all Shapes. Spittoons,

Drinking Cups, etc., for Invalids,

Enema Syringes, every kind.

N.B.—The attention of the Medical Profession is called to the above articles, especially TRUSSES, having one of the largest assortments in Canada

BELLEVUE HOSPITAL MEDICAL COLLEGE.

CITY OF NEW YORK.

SESSIONS OF 1876-'77.

THE COLLEGIATE YEAR in this institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1876-1877 will commence on Wednesday, September 13, 1876, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will commence on Wednesday, September 27, 1876, and end about the 1st of March, 1877.

Faculty.

ISSAC E. TAYLOR, M. D.,

Emeritus Professor of Obstetrics and Diseases of Women and Children, and President of the Faculty.

JAMES R. WOOD, M. D., LL.D.,
Emeritus Prof. of Surgery.

FORDYCE BARKER, M. D.
Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,
Professor of the Principles and Practice of Medicine and Clinical Medicine.

EDMUND R. PEASLEE, M.D., LL., D.
Professor of Gynecology.

W. H. VAN BUREN, M. D.,
Professor of Principles and Practice of Surgery
Diseases of Genito-Urinary System
and Clinical Surgery.

WILLIAM M. POLK, M. D.,
Professor of Materia Medica and
and Therapeutics and Clinical Medicine.

LEWIS A. SAYRE, M. D.,
Professor of Orthopedic Surgery, Fractures
and Dislocations, and Clinical Surgery.

AUSTIN FLINT, JR., M.D.
Professor of Physiology and Physiological
Anatomy, and Secretary of the
Faculty.

ALEXANDER B. MOTT, M. D.,
Professor of Clinical and Operative Surgery.

ALPHEUS B. CROSBY, M.D.,
Professor of General Descriptive & Surgical
Anatomy.

WILLIAM T. LUSK, M.D.,
Professor of Obstetrics & Diseases of Women
and Children and Clinical Midwifery.

R. OGDEN DOREMUS, M. D., LL.D.
Professor of Chemistry and Toxicology.

EDWARD G. JANEWAY, M. D.,

Professor of Pathological Anatomy and Histology, Diseases of the Nervous System,
and Clinical Medicine.

PROFESSORS OF SPECIAL DEPARTMENTS, Etc.

HENRY D. NOYES, M.D.,
Professor of Ophthalmology and Otology.

EDWARD G. JANEWAY, M.D.,
Professor of Practical Anatomy
[Demonstrator of Anatomy.]

JOHN P. GRAY, M.D.,
Professor of Psychological Medicine and
Medical Jurisprudence

LEROEY MILTON YALE, M.D.,
Lecturer Adjunct upon Orthopedic Surgery.

EDWARD L. KEYES, M.D.,
Professor of Dermatology, and adjunct to the
Chair of Principles of Surgery,

A. A. SMITH, M.D.,
Lecturer Adjunct upon Clinical Medicine.

A distinctive feature of the method of instruction in this College is the union of Clinical and didactic teaching. All the lectures are given within the hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week day except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session will consist chiefly of recitations from Text-books. This term continues from the middle of March to the end of June. During this session there will be daily recitations in all the departments, held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and College building.

FEES FOR THE REGULAR SESSION.

Fees for tickets to all the Lectures during the Preliminary and Regular Term including Clinical Lectures.....	\$140 00
Matriculation Fee.....	5 00
Demonstrator's Ticket (including material for Dissection).....	10 00
Graduation Fee.....	30 00

FEES FOR THE SPRING SESSION

Matriculation (Ticket good for the following Winter).....	\$ 5 00
Recitations, Clinics and Lectures.....	35 00
Dissection, (Ticket valid for the following Winter).....	10 00

Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

For the Annual Circular and Catalogue, giving regulations for graduation, and other information, address the Secretary of the College, Prof. AUSTIN FLINT, JR., Bellevue Hospital Medical College.

UNIVERSITY OF VERMONT.

MEDICAL DEPARTMENT, BURLINGTON, Vt.

TWENTY-FOURTH SESSION, 1877.

FACULTY OF MEDICINE.

MATTHEW HENRY BUCKHAM, A.M., BURLINGTON, Vt., President.	WILLIAM DARLING, A.M., M.D., F.R.C.S. New York City, Professor of General and Special Anatomy.
SAMUEL WHITE THAYER, M.D., BUR- LINGTON, Vt., Emeritus Professor of General and Special Anatomy.	A. F. A. KING, M.D., WASHINGTON, D. C., Professor of Obstetrics and Diseases of Women.
WALTER CARPENTER, M.D., BURLING- TON, Vt., Professor of the Theory and Practice of Medicine.	HENRY D. HOLTON, M.D., BRATTLEBORO, Vt., Professor of Materia Medica and General Pathology.
JOHN ORDONAU, M.D., LL.D., NEW YORK CITY, Emeritus Professor of Medi- cal Jurisprudence.	MARSHALL CALKINS, A.M., M.D., SPRINGFIELD, MASS., Professor of Physi- ology and Microscopic Anatomy.
PETER COLLIER, Ph.D., M.D., BURLING- TON, Vt., University Professor of Chem- istry and Toxicology.	JAMES L. LITTLE, M.D., NEW YORK CITY, Professor of the Principles and Practice of Surgery.

PROFESSORS OF SPECIAL SUBJECTS.

D. B. ST. JOHN ROOSA, A.M., M.D., NEW YORK CITY, Professor of Diseases of the Eye and Ear.	A. P. GRINNELL, M.D., BURLINGTON, Vt., Professor of Diseases of the Heart and Lungs.
WILLIAM A. HAMMOND, M.D., NEW YORK CITY, Professor of Diseases of the Mind and Nervous System.	A. T. WOODWARD, M.D., BRANDON, Vt., Professor of the Surgical Diseases of Women.
EDWARD S. PECK, A.M., M.D., BURLING- TON, Vt., Adjunct Professor of Diseases of the Eye and Ear.	STEPHEN M. ROBERTS, M.D., NEW YORK CITY, Professor of Diseases of Children.
ROBERT W. TAYLOR, M.D., NEW YORK CITY, Professor of Diseases of the Skin.	HENRY H. DEANE, M.D., BURLINGTON, Vt., Demonstrator of Anatomy.

This Medical College is situated near the University Buildings, and upon an eminence overlooking the City of Burlington, Lake Champlain, and the Adirondack chain of mountains. For beauty of scenery and salubrity of climate its situation is not surpassed by any institution of learning in the country. The building is of brick, well ventilated, and provided with two commodious lecture-rooms and amphitheatre, two large, well lighted dissecting-rooms, and in every way perfectly adapted for clinical and scholastic teaching. It contains a large museum, composed of a great number of Osteological and Vascular preparations, both wet and dry, and is open to the students during the session.

THE REGULAR WINTER SESSION will commence on the second Thursday of March, 1877, and continue sixteen weeks. This Course will consist of from five to six lectures daily, in the various Departments of Medicine and Surgery.

In order to render the course of instruction still more complete, six new Professorships on special subjects have been created by the Faculty, which will afford the student a rare opportunity for gaining information from gentlemen well known as recognized authorities in their particular departments on subjects of great practical interest. These lectures will be delivered during the regular session.

CLINQUES.—Besides these lectures, there will be Cliniques held as follows:—

SURGICAL CLINIQUE, by Prof. LITTLE, every Saturday, from 9 to 12, during the last half of the Session.	CLINIQUE FOR DISEASES OF SKIN, by Prof. TAYLOR, once a week during his course.
MEDICAL CLINIQUE, by Prof. CARPENTER, on Wednesday morning, during first half of the term.	CLINIQUE FOR DISEASES OF CHILDREN, by Prof. ROBERTS.
CLINIQUE FOR DISEASES OF EYE AND EAR, by Prof. ROOSA, once a week during his course of lectures.	CLINIQUE FOR DISEASES OF NER- VOUS SYSTEM, by Prof. HAMMOND, during his course.

FEES FOR THE REGULAR SESSION.

MATRICULATION FEE, PAYABLE EACH TERM,	\$5 00
FEES FOR THE FULL COURSE OF LECTURES BY ALL THE PROFESSORS,	70 00
GRADUATION FEE,	25 00

Material for dissection will be furnished at cost.

The tickets are to be taken out at the beginning of the Session.

Students who have already attended two full courses of lectures in other regular schools are admitted on paying the matriculation fee and \$25.

Students who have attended two full courses in this College, or who, having attended one full course in some regularly established medical school, and one full course in this College, are admitted to a third course of lectures on paying the matriculation fee only.

GRADUATES of this School are admitted without fee. GRADUATES of other regular schools, and Theological Students, are admitted on general ticket, by paying the matriculation fee.

Good Board can be obtained at reasonable rates.

For further particulars and circular, apply to the Dean,

Prof. A. P. GRINNELL, M.D., Burlington, Vt.

COLLEGE OF PHYSICIANS & SURGEONS

MEDICAL DEPARTMENT OF COLUMBIA COLLEGE.

Corner 23rd St. and 4th Ave., New York City.

SEVENTIETH SESSION, 1876-77.

FACULTY OF MEDICINE.

ALONZO CLARK, M.D.,
President, and Professor of Pathology and
Practical Medicine.
WILLARD PARKER, M.D.,
Professor of Clinical Surgery.
JOHN C. DALTON, M.D.,
Professor of Physiology and Hygiene.
SAMUEL ST. JOHN, M.D.,
Professor of Chemistry and Medical
Jurisprudence.
THOMAS M. MARKOE, M.D.,
Professor of Surgery.
T. GAILLARD THOMAS, M.D.,
Professor of Obstetrics and the Diseases of
Women and Children.
JOHN T. METCALFE, M.D.,
Emeritus Professor of Clinical Medicine.
HENRY B. SANDS, M.D.,
Professor of Anatomy.
JAMES W. McLANE, M.D.,
Adjunct Professor of Obstetrics and the Diseases
of Women and Children.
THOMAS T. SABINE, M.D.,
Adjunct Professor of Anatomy.
CHARLES F. CHANDLER, Ph. D.,
Adjunct Professor of Chemistry and Medical
Jurisprudence.
EDWARD CURTIS, M.D.,
Professor of Materia Medica and Therapeutics
and Secretary of the Faculty.

FRANCIS DELAFIELD, M.D.,
Adjunct Professor of Pathology and Practical
Medicine.
JOHN C. CURTIS, M.D.,
Adjunct Professor of Physiology and
Hygiene.
WILLIAM DETMOLD, M.D.,
Emeritus Professor of Clinical and Military
Surgery.
WILLIAM H. DRAPER, M.D.,
Clinical Professor of Diseases of the Skin.
CORNELIUS R. AGNEW, M.D.,
Clinical Professor of Diseases of the Eye
and Ear.
ABRAHAM JACOBI, M.D.,
Clinical Professor of Diseases of Children.
FESSENDEN N. OTIS, M.D.,
Clinical Professor of Venereal Diseases.
EDWARD C. SEGUIN, M.D.,
Clinical Professor of Diseases of the Mind
and Nervous System.
GEORGE M. LEFFERTS, M.D.,
Clinical Professor of Laryngoscopy and Diseases
of the Throat.
CHARLES MCBURNEY, M.D.,
Demonstrator of Anatomy.
CHARLES KELSEY, M.D.,
Assistant Demonstrator of Anatomy.

FACULTY OF THE SPRING SESSION.

JAMES L. LITTLE, M.D.,
Lecturer on Operative Surgery and Surgical
Dressings.
GEORGE G. WHELOCK, M.D.,
Lecturer on Physical Diagnosis.
A. BRAYTON BALL, M.D.,
Lecturer on Diseases of the Kidneys.

ROBERT F. WEIR, M.D.,
Lecturer on Diseases of the Genito-Urinary
Organs.
MATTHEW D. MANN, M.D.,
Lecturer on the Microscope as an Aid to
Diagnosis.
H. KNAPP, M.D.,
Lecturer on Diseases of the Eye and Ear.

The Collegiate Year embraces a Special Spring and a Regular Winter Session, attendance at the latter only being required for the graduating course. The Spring Session begins near the middle of March, and continues till June 1. The Regular Winter Session for 1876-77 begins Monday, October 2, and continues till March, when the College Commencement is held.

Tuition is by the following methods: I. Didactic Lectures with Demonstrations. During the Winter Session, from five to six lectures are given daily by the Faculty on the seven general branches of Medical Science. Attendance obligatory. Fees, \$20 for the course on each branch, or \$140 for the entire curriculum. During the Spring Session two lectures are given daily by the Faculty of the Spring Session. Fees, each branch, \$5, or \$30 for the whole. II. Clinical Teaching. This important subject receives the fullest attention. Ten Clinics, covering all departments of Medicine and Surgery, are held weekly, throughout the entire year in the College Building. In addition, the Faculty, being strongly represented on the staffs of the larger City Hospitals and Dispensaries, (such as the Bellevue, Charity, and Roosevelt Hospitals, the New York Eye and Ear Infirmary, &c.) give daily systematic clinical lectures in one or more of these Institutions, as a regular feature of the College curriculum. Attendance at clinics is optional, and without extra charge. III. RECITATIONS are held daily, throughout both Sessions, by a corps of Examiners. Attendance optional. Fees, Winter Session, \$40, Spring Session, \$30, Collegiate Year, \$60. IV. PERSONAL INSTRUCTION.—*Practical Anatomy* is taught from October to May, and every student is expected to dissect. Fee \$10, good for a Collegiate year. Cases of Obstetrics are furnished to advanced students, without charge. Practical Chemistry is taught in the Spring. Fee, \$15. Personal Instruction in *Operative Surgery, Minor Surgery, Physical Diagnosis, Ophthalmology, Otolarynx and Laryngoscopy* is also given by Special Instructors, for moderate fees. Attendance optional. EXPENSES.—The necessary Collegiate Expenses are the yearly Matriculation Fee (\$5, good for a Collegiate year), and the fees for the lectures of the winter session, (\$20 for the course on each Branch, or \$140 for the entire curriculum.) A *Graduation Fee* of \$30 is also charged. The Graduating course requires three years' study, and attendance upon two courses of Lectures on each of the seven branches of the winter curriculum. Remissions and reductions of lecture fees are made to graduates, theological students, and students who have already attended two full courses.

ALL FEES ARE PAYABLE IN ADVANCE. Board can be had for from \$6 to \$9 a week, and the Clerk of the College will aid students in obtaining the same.

For the Annual Catalogue and Announcement, or for further information, address

EDWARD CURTIS, M.D.,

Secretary of the Faculty, College of Physicians and Surgeons,
Corner Twenty-third Street and Fourth Avenue, NEW YORK

College of Physicians & Surgeons of Lower Canada.

The Semi-Annual Meeting of the Board of Governors of the College of Physicians and Surgeons of Lower Canada, for the purpose of examinations and other general business, will be held in the Hall of the UNIVERSITY OF LAVAL, city of Quebec, on

Wednesday the 27th of September, next, at 10 o'clock, A.M.

Candidates for License or examination, preliminary or professional, must deposit their credentials with all necessary fees, with either of the Secretaries, within ten days of the said meeting.

HECTOR PELTIER, M.D., Edin.,
Montreal,

A. G. BELLEAU, M.D., Quebec,
Secretaries.

September 1st, 1876.

CANADA TRUSS FACTORY,
688 & 690 CRAIG STREET.

ESTABLISHED 1856.

F. GROSS,

MANUFACTURER AND IMPORTER OF SURGICAL Instruments, Apparatus for Physical Deformities, Patent Artificial Limbs, Trusses, Abdominal Supporters, Surgical India Rubber, and Elastic Goods, &c., &c.



INVENTOR AND MANUFACTURER OF

GROSS' COMPOSITE TRUSSES.

PATENTED MARCH, 1873.

SURGICAL INSTRUMENTS, RAZORS, KNIVES AND SCISSORS—GROUND SET, AND REPAIRED.

HAS CONSTANTLY ON HAND A LARGE ASSORTMENT OF
Surgical Instruments, of English, French and American Manufacture ;
Crutches, Splints, Suspensory Bandages ; Elastic Stockings,
Knee Caps, &c. ; India Rubber Sheetings Tubing, &c. ;
Air Beds and Cushions, Syringes, Pessaries,
Rectum Plugs, Ear Trumpets, and
Electro-Magnetic Machines.

 **Illustrated Catalogues sent on Application.** 

CAUTION
TO INTENDING SUBSCRIBERS TO
ZIEMSEN'S
CYCLOPÆDIA OF THE PRACTICE OF MEDICINE.

As this great work progresses, it is possible—from some subscribers breaking up their sets, or from other causes—that occasional odd volumes may be offered for sale. Those who desire

THE COMPLETE WORK

Are warned against purchasing these, as the Publishers do not engage to supply parts of sets.

Every subscription must be for the entire Work.

No volumes will be sold separately.

WM. WOOD & CO., PUBLISHERS,
27 GREAT JONES STREET,
NEW YORK

TO THE MEDICAL PROFESSION.

A NEW AND IMPORTANT REMEDY.

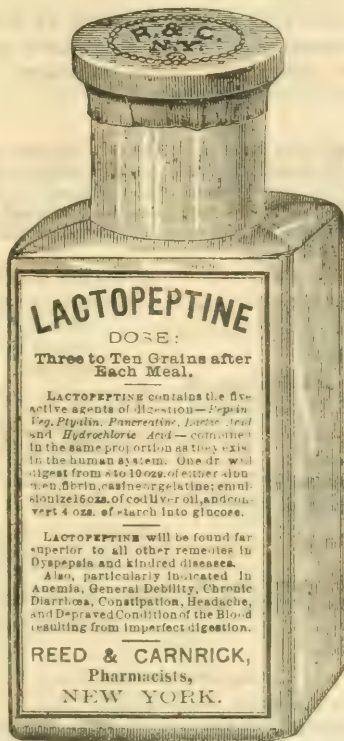
LACTOPEPTINE.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, and is therefore the most important remedy for Dyspepsia that has ever been produced.

The digestive power of LACTOPEPTINE is seven times greater than any preparation of Pepsin in the market, as it has the important advantage of dissolving all aliment used by mankind, while Pepsin acts only upon plastic food.

This preparation has now been in the hands of the Medical Profession for two years, during which time its therapeutic value has been most thoroughly established in cases of Dyspepsia, Intestinal diseases of Children, Chronic Diarrhoea, Constipation, Vomiting in Pregnancy or Dyspepsia, Headache, and all diseases arising from imperfect nutrition.

One of the most important applications of LACTOPEPTINE is in those cases when the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated. In such cases combine it with the remedy indicated.

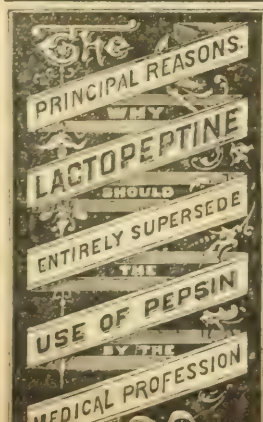


Sugar of Milk,
Pepsin,
Pancreatin,

FORMULA OF LACTOPEPTINE.

20	Ounces.	Veg. Pyridin or Distasol,	1	Drachm.
4	"	Lactic Acid,	2 1/2	fl. Drachms.
3	"	Hydrochloric Acid,	2 1/2	fl. "
		Powder and Mix.		

LACTOPEPTINE, as well as all other preparations of our manufacture, is prepared strictly for the use of the Medical Profession, and is kept invariably in their hands.



- 1st.—It will digest from three to four times more coagulated albumen than any preparation of Pepsin in the market.
- 2d.—It will emulsify and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.
- 3d.—It will change the starchy portions of vegetable food into the assimilable form of Glucose.
- 4th.—It contains the natural acids secreted by the stomach (Lactic and Hydrochloric), without which Pepsin and Pancreatin will not change the character of coagulated albumen.
- 5th.—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 grs. of Pepsin and 4 grs. of Pancreatin mixed, will dissolve one third more albumen than the combined digestive power of each agent separately in same length of time.
- 6th.—It is MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. An ounce of Lactopeptine is, therefore, fully equal in digestive

*All the Statements made in this Circular are the result of repeated
and careful experiments.*

The palatability and digestive power of LACTOPEPTINE has been more than doubled during the past two months, by producing several of its component parts free from all extraneous matter, and we now believe it is not susceptible of any further improvement.

Physicians who have not given LACTOPEPTINE a trial in their practice, are respectfully requested to read the following opinions of some of our leading Practitioners as to its merits as an important remedial agent.

IN ADDITION TO THE FOLLOWING RECOMMENDATIONS, WE HAVE RECEIVED OVER SEVEN HUNDRED COMMENDATORY LETTERS FROM PHYSICIANS, A LARGE NUMBER OF WHICH ENUMERATE CASES WHERE PEPSIN ALONE HAD FAILED TO BENEFIT, BUT FINALLY HAD BEEN CURED SUCCESSFULLY WITH LACTOPEPTINE.

The undersigned, having tested REED & CARNBICK's preparation of Pepsin, Pancreatine, Diastase, Lactic Acid and Hydrochloric Acid, made according to published formula, and called *Lactopeptine*, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

New York, April 6th, 1875.

J. R. LEAMING, M. D.,

Attending Physician at St. Luke's Hospital.

ALFRED L. LOOMIS, M. D.,

Professor of Pathology and Practice of Medicine, University of the City of New York.

JOSEPH KAMMERER, M. D.,

Clinical Professor of Diseases of Women and Children, University of the City of New York.

LEWIS A. SAYRE, M. D.,

Professor of Orthopaedic Surgery and Clinical Surgery, Bellevue Hospital Medical College.

EDWARD G. JANEWAY, M. D.,

Professor Pathological and Practical Anatomy, and Lecturer on Materia Medica and Therapeutics, and Clinical Medicine.

SAMUEL R. PERCY, M. D.,

Professor Materia Medica, New York Medical College.

J. H. TYNDALL, M. D.,

Physician at St. Francis' Hospital.

JOSEPH E. WINTERS, M. D.,

House Physician Bellevue Hospital.

GEO. F. BATES, M. D.,

House Surgeon Bellevue Hospital.

INHERIATE ASYLUM, New York, March 25th, 1875.

I have carefully watched the effects of LACTOPEPTINE, as exhibited in this institution, for about six months, especially in the treatment of Gastritis, and it gives me pleasure to be able to say that I have found the best results from it, supplying as it does an abnormal void of nature in the secretions of the stomach.

N. KEELER MORTON, M. D.

BRANDON, Vt., March 31st, 1875.

I desire to say that I have used LACTOPEPTINE for a year, not only on my friends, but also in my own case, and have found it one of the most valuable aids to digestion that I have ever used.

A. T. WOODWARD, M. D.,

Late Professor of Obstetrics and Diseases of Women and Children, Vermont Med. College.

EXTRACT FROM A REPORT UPON THE USES OF LACTOPEPTINE,
BY J. KING MERRITT, M. D., FLUSHING, L. I.

About six months since I saw a notice of LACTOPEPTINE and its analysis in a Medical Journal, and having long ago recognized the inability of Pepsin to reach those cases in which the several processes of digestion are all more or less involved, I immediately commenced the use of LACTOPEPTINE in my own case. This was, in brief, an inherited, fostered, and persistent condition of General Dyspepsia, which I had treated for several years with Pepsin, finding in its use good service, although the general results were discouraging.

*In all cases when the stomach is unable to digest and appropriate
the remedies indicated, they should be combined with
Lactopeptine.*

The effect of *LACTOPEPTINE* on my powers of digestion has far surpassed my expectations, and its remedial qualities in numerous cases, more or less complicated, have been all that I could desire. In these cases *LACTOPEPTINE* was associated with other remedies indicated, for the purpose of facilitating their assimilation, which is so often nullified by a disordered and debilitated condition of the digestive organs.*

I will now give, in brief, an epitome of a case recovering under the use of *LACTOPEPTINE*. She was a married lady, who five years ago became afflicted with diarrhoea, which had baffled every mode of intelligent treatment. She had an intestinal flux, body much emaciated, and her entire health was greatly impaired. I treated her with *LACTOPEPTINE*, in conjunction with other remedies, many of which had been formerly used without avail. She is now rapidly recovering.

I shall only add that the more my experience, in its varied applicability, extends, the more its beneficial effects appear.

—○○—
NEWTON, IOWA, May 19th, 1875.

I have been using *LACTOPEPTINE* for several months, and after a careful trial in stomach and bowel troubles, find that it has no equal. In all cases of indigestion and lack of assimilation, it is a most splendid remedy.

H. E. HUNTER, M. D.

—○○—
WEST NEWFIELD, ME., June 14th, 1875.

LACTOPEPTINE seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions.

STEPHEN ADAMS, M. D.

—○○—
WOLCOTT, WAYNE Co., N. Y., June 29th, 1875.

From the experience I have had with *LACTOPEPTINE*, I am of the opinion that you have produced a remedy which is capable of fulfilling an important indication in a greater variety of diseases than any medicine I have met with in a practice of over 45 years.

JAMES M. WILSON, M. D.

—○○—
BROWNVILLE, N. Y., August 3d, 1875.

Some time since I received a small package of *LACTOPEPTINE*, which I have used in a case of long standing Dyspepsia. The subject is a man 40 years of age; has had this ailment over 10 years. I never had so bad a case before, and I have been practicing medicine 21 years. Your *LACTOPEPTINE* seems just the remedy he needs. He is improving finely, and can now eat nearly any kind of food without distress. I have several cases I shall take hold of as soon as I can obtain the medicine.

W. W. GOODWIN, M. D.

—○○—
EDDYVILLE, WAPELLO Co., IOWA, May 5th, 1875.

I have used the *LACTOPEPTINE* in my practice for the last eighteen months, and find it to be one of our great remedies in all diseases of the stomach and bowels. I was called last fall to see a child three years old, that was almost in the last struggles of death with Cholera Infantum. I ordered it teaspoonful doses of Syrup of Lactopeptine, and in a few days the child was well. I could not practice without it.

F. C. CORNELL, M. D.

—○○—
CORTLAND, DE KALB Co., ILL., August 12th, 1875.

I received recently a small package of *LACTOPEPTINE* with the request that I should try it in a severe case of Dyspepsia. I selected a case of a lady who has been a sufferer over 30 years. She reported relief after the first dose, and now, after using the balance of the package in doses of three grains, three times daily, says she has received more benefit from it than from any other remedy she had ever tried.

G. W. LEWIS, M. D.

* We desire particularly to call the attention of the Profession to the great value of *LACTOPEPTINE* when used in conjunction with other remedies, especially in those cases in which the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated.

One drachm of Lactopeptine will digest ten ounces of Coagulated Albumen, while the same quantity of any standard preparation of Pepsin in the market will dissolve but three ounces

One drachm of Lactopeptine dissolved in four fluid drachms of water will emulsionize sixteen ounces of Cod Liver Oil.

CHILLICOTHE, Mo., September 4th, 1874.

I have used *LACTOPEPTINE* this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, cholera infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used.

J. A. MUNK, M. D.

—○—
FORT DODGE, IOWA, November 15th, 1874.

I have fairly tried, during the past summer and fall, your *LACTOPEPTINE*, and consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro-intestinal* diseases of children.

W. L. NICHOLSON, M. D.

—○—
WHITE HALL, Va., January 4th, 1875.

A short time since I sent for some of your *LACTOPEPTINE*, which I used in the case of a lady who had been suffering with dyspepsia for over twelve months, and who had taken Pepsin, and other remedies usually prescribed in that disease, with very little benefit. I ordered the *LACTOPEPTINE*, and was pleased to find a decided improvement after a few days, which has steadily increased. At the present time she appears to have entirely recovered.

Very truly,

E. B. SMOKE, M. D.

—○—
INDIANOLA, IOWA, December 11th, 1874.

I consider the *LACTOPEPTINE* a heaven-sent remedy for all digestive troubles. I gave it to a lady troubled with exhaustive nausea and vomiting from pregnancy, with immediate and perfect relief, after all other remedies had failed. She was almost in *articulo mortis*. The third day after taking the *LACTOPEPTINE* she was able to be up. I was called in council the other day to a case of Intussusception; the patient was vomiting stercoracious matter; had retained no nutrition for several days. I gave the *LACTOPEPTINE* with immediate relief. Ingestion was retained. I relieved the bowels by inflation, got an operation, and the patient will recover. I consider the *LACTOPEPTINE* was his *sheet anchor*. I am now using the *LACTOPEPTINE* in Cancer of the Stomach—the only medicine that gives the patient any relief. It seems to act as an anodyne in his case more so than morphine.

C. W. DAVIS, M. D.

—○—
CONTOCOOK, N. H., November 25th, 1874.

After a thorough trial, I believe *LACTOPEPTINE* to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in the vomiting from pregnancy, with the best of success. The relief has been immediate in every instance. In some of the worst cases of Cardialgia, heretofore resisting all other treatment, *LACTOPEPTINE* invariably gave immediate relief. It has accomplished more, in my hands, than any other remedy of its class I ever met with, and I believe no physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used *LACTOPEPTINE* in my own case, having been troubled with feelings of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses.

GEORGE C. BLAISDELL, M. D.

—○—
MO. VALLEY, IOWA, November 12th, 1874.

Some months since I saw in a medical journal a notice of your *LACTOPEPTINE*. Having in charge a patient in whose case I thought it was indicated, I prescribed it in 5 gr. doses. He used it about a week and was greatly benefited. I failed to procure more just then, so I gave him Pepsin instead, the patient thinking it to be the same prescription. After two days he returned to my office, saying that "the last medicine didn't hit the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken." I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy.

G. W. COIT, M. D.

One drachm of Lactopeptine will transform four ounces of Starch into Glucose.

Pancreatine and Diastase are more important digestive agents than Pepsin.

COMMUNICATIONS FROM MEDICAL JOURNALS.

We have for several months been prescribing various preparations of medicine containing **LACTOPEPTINE** as an important aid to digestion. It may be advantageously combined with cod liver oil, calisaya, iron, bismuth, quinine and strychnia. **LACTOPEPTINE** is composed of pepsin, ptyalin, pancreatine, lactic acid and hydrochloric acid—pepsin, lactic and hydrochloric acids being in the gastric juice, ptyalin in the saliva, and pancreatine emulsifying fatty substances. The theory of its action being rational, we have prescribed the various preparations referred to above with more evidence of benefit than we ever observed from pepsin.—*St. Louis Medical and Surgical Journal*, September, 1874.

—○—
AN ARTICLE ON LACTOPEPTINE, BY LAURENCE ALEXANDER, M. D., OF YORKVILLE, S. C., IN THE ATLANTA MEDICAL AND SURGICAL JOURNAL, NOVEMBER, 1874.

Some time ago a small box, labelled "Physicians' Samples **LACTOPEPTINE**," was placed in my hands, with the request that I would give it a trial upon some one suffering from dyspepsia. Having, like other physicians, a large *per centum* of just such cases always on hand, in which various medicines and remedies had been used without success, I gladly consented, hoping that something had really been found at last to supply the want felt by every practitioner in the treatment of this troublesome complaint. After several months' experience in the use of this preparation, in which it has been thoroughly tested upon a large number of patients with such gratifying results, I am induced to recommend it to the consideration of the profession, feeling confident that, with due care in their diagnosis, and the many little cautions always necessary, such as restricting the excessive use of fluids while eating, etc., and a little patience on the part of the sufferer, its good effects will be seen beyond a doubt.

While I employ it extensively in many deranged conditions of the bowels incident to infancy and childhood, I find it equally efficacious in constipation and all diseases arising from imperfect nutrition in the adult. In sickness of pregnancy it answers well, far exceeding, in my hands, oxalate of cerium, extract lupulin, or the drop doses of carbohic acid, so highly extolled by some practitioners. In its combination with iron, quinine and strychnia, we have the advantage of using, in cases of great nervous depression and debility peculiar to the dyspeptic, our most valuable agent in a truly elegant form.

TO TEST THE DIGESTIVE POWER OF LACTOPEPTINE IN COMPARISON WITH ANY PREPARATION OF PEPSIN IN THE MARKET.

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

Lactopeptine is prepared in the form of Powder, Sugar Coated Pills, Elixir, Syrup, Wine and Troches.

LACTOPEPTINE is also combined with the following preparations:

EMULSION OF COD LIVER OIL WITH LACTOPEPTINE.

This combination will be found superior to all other forms of Cod Liver Oil in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, Rickets, Constipation, Skin Diseases and Loss of Appetite.

The Oil in this preparation being partly digested before taken, will usually agree with the most debilitated stomach. Although we manufacture seven other preparations of Cod Liver Oil, we would recommend the above as being superior to either of them. It is very pleasant to administer, compared with the plain Oil, and will be readily taken by children.

EMULSION OF COD LIVER OIL WITH LACTOPEPTINE AND LIME.

Each ounce of the Emulsion contains 16 grs. Lactopeptine and 16 grs. Phosphate Lime.

ELIXIR LACTOPEPTINE.

The above preparation is admirably adapted in those cases where Physicians desire to prescribe Lactopeptine in its most elegant form.

REED & CARRICK manufacture a Full Line of Fluid Extracts.

Private Formulas of Pills or other preparations made to order.

Strychnia Compound Pill.

Strychnia,	1-100 grain.
Phosphorus,	1-100 "
Ex. Cannabis Indica,	1-16 "
Ginseng,	1 "
Carb. Iron,	1 "

Dose.—One to two.

A reliable and efficient Pill in Anaphrodisia, Paralysis, Neuralgia, Loss of Memory, Phthisis, and all affections of the Brain resulting from Loss of Nerve Power.

Price, 80 cents per hundred.

Sent by mail, prepaid, on receipt of price.

Hæma, Quinia and Iron Pill.

Ext. Blood,	2 grains.
Quinine Sulph.,	1 grain.
Sesqui Oxide Iron,	1 "

Dose.—One to three.

Price, \$2.00 per hundred.

Sent by mail, prepaid, on receipt of price.

HEMA PILLS.

We beg to present to the Medical Profession for their special consideration our several preparations of Blood Pills. The use of Blood medicinally, and the importance of its administration in a large class of diseases, has arrested the attention of many of the leading Physicians of Europe, and has received their warmest attestation. Prominent among these may be mentioned Prof. Panum, of the University of Copenhagen, who is using it with great success in the hospital of that city.

At the abattoir in this city, Boston, and in every part of the country, there can be seen numerous persons afflicted with Pulmonary Affections, Chlorosis, Paralysis, Anemia, and other ailments, who are daily drinking the blood of the ox, and many with more benefit than they have derived from any other source.

The blood used by us being *Arterialized Male Bovins only*, is secured as it flows from the animal in a vacuum pan, and the watery portion (85 per cent.), eliminated at a temperature not exceeding 100° F., the remaining mass, containing every constituent of the blood, being the base of our preparations.

HEMA (Ext. Blood), 4 gra.	HEMA COMP.	HEMA, QUINIA, IRON AND STRYCHNIA.
<i>Dose.</i> —Two to four.	Ext. Blood, 2 gra.	Ext. Blood, 2 gra.
90 cts. per hundred.	Lacto-Phosphate Lime, 1 gr.	Quinine Sulph., 1 gr.
	Pepsin, 2 gr.	Sesqui Oxide Iron, 1 gr.
	<i>Dose.</i> —One to three.	Strychnine, 1-75 gr.
	\$1.50 per hundred.	<i>Dose.</i> —One to three.
		\$2.00 per hundred.

Samples sent to Physicians, postage prepaid, on receipt of price.

LACTOPEPTINE and most of our leading preparations can be obtained from the principal Druggists of the United States.

SUGAR COATED PILLS, TROCHES AND POWDERS CAN BE SECURELY SENT BY MAIL

Price of LACTOPEPTINE by Mail.

One ounce sent by mail, prepaid, on receipt of	\$1 00
One pound " " " " "	13 00
A fraction of an ounce or pound sent by mail on receipt of corresponding price.	

We guarantee all goods of our manufacture.
In ordering, please designate R. & C.'s manufacture.

Send for PRICE LIST, DOSE BOOKS and DISCOUNTS.

OCT. 15TH, 1875. Respectfully,

REED & CARNRICK, Manufacturing Pharmacists,

T. MORSON & SON,

31, 33 & 124

Southampton Row, Russell Square, W. C.

WORKS

HORNSEY ROAD, N., and SUMMERFIELD WORKS,
HOMERTON, N. E., LONDON.

MANUFACTURERS OF

PREPARATIONS OF PEPSINE,

Pure Chemicals and all New Medicines.

SPECIALITIES :

- Morson's Pepsine (The original English Manufacturers).
- Morson's Pepsine Porci Pure.
- Morson's Pepsine Powder or Poudre Nutritive.
- Morson's Pepsine Wine.
- Morson's Pepsine Lozenges.
- Morson's Pepsine Globules.
- Morson's Pancreatine Powder.
- Morson's Pancreatic Emulsion.
- Morson's Pancreatized Cod Liver Oil.
- Morson's Saccharated Wheat Phosphates.
- Morson's Creasote (from Wood Tar) the only English makers
N.B.—Test of purity, insoluble in Price's glycerine.
- Morson's Gelatine (The most economical substitute for
Isinglass.)
- Morson's Chlorodyne.
- Morson's Effervescing Citrate of Magnesia.
- Morson's Artificial Essences for flavoring.

Sold Wholesale and Retail by all Chemists and Druggists throughout
the World.

CINCHO-QUININE.

It is a combination of *all* the active medicinal principles of the best Calisaya Bark, and after the prolonged and thorough testing it has had, it stands unrivalled as a prompt, safe, and uniformly reliable antiperiodic, possessing all the advantages, with none of the disadvantages, of Sulphate of Quinine.

Cincho-Quinine contains no external agents, as sugar, liquorice, starch, magnesia, etc. It is wholly composed of the bark alkaloids: 1st, quinia; 2d, cinchonina; 3d, quinidia; 4th, cinchonidia; 5th, the other alkaloidal principles present in barks, which have not been distinctly isolated, and the precise nature of which is not well understood. In the beautiful white amorphous scales of Cincho-Quinine the whole of the active febrifuge and tonic principles of the cinchona barks are secured without the inert, bulky lignin, gum, etc.

The following well known Analytical Chemists say:

UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

"I have tested Cincho-Quinine, and have found it to contain *quinine, quinine, cinchonine and cinchonidine*," F. A. GENTH, Prof. of Chemistry & Mineralogy.

"I have made a careful analysis of Cincho-Quinine, and find it to contain *quinine, quinine, cinchonine and cinchonidine*," S. P. SHARPLES, State Assayer of Mass.

LABORATORY OF THE UNIVERSITY OF CHICAGO, Feb. 1, 1875.

"I made a qualitative examination for *quinine, quinine and cinchonine*, and hereby certify that I found these alkaloids in Cincho-Quinine."

C. GILBERT WHEELER, Professor of Chemistry.



I have used your Cincho-Quinine for several years; have found it answers the purpose for which it was given. I prefer it much to the sulphate, and have taken considerable of it myself.

HENRYHEAD, NEW YORK.

Indicated and Technical Chemist, Kansas City, Mo.

When Cincho-Quinine was first presented to the public, I analyzed it, and found it to contain the principles of the bark as represented. Since that time I have never used one grain of sulphate of quinine, and never expect to, as it fulfils all the indications for its use without the unpleasant symptoms which always have rendered, and will render the sulphate objectionable, more particularly with children. I presume I have as many cases as any other practitioner in this vicinity, and have had ample opportunities for testing its virtues. Its price renders it also valuable, but I must state candidly, that if the price was more than the sulphate, I would then buy it and pay even double, if I could not obtain it at a less rate.

KANSAS CITY, MISSOURI.

It is believed to have these advantages over sulphate of quinine:

- 1st. It exerts the full therapeutic influence of sulphate of quinine, in the same doses, without oppressing the stomach or creating nausea. It does not produce cerebral distress, as sulphate of quinine is apt to do; and in the large number of cases in which it has been tried, it has been found to produce much less constitutional disturbance.
- 2d. It has the great advantage of being nearly tasteless. The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.
- 3d. It is less costly than sulphate of quinine. As in the case of that salt, the price will fluctuate with the rise and fall of barks, but we shall supply it at all times at less than the lowest market price of the sulphate.
- 4th. It meets indications not met by the sulphate.

We will send a sample package for *trial*, containing fifty grains of Cincho-Quinine, on receipt of twenty-five cents, post paid. Special prices given for orders amounting to one hundred ounces and upwards.

PREPARED ONLY BY

BILLINGS, CLAPP & CO., Boston.

MANUFACTURERS OF Acids, Alkalies, Ethers, Chloroform: Preparation of Gold, Silver, Tin, Zinc, Lead, Iron, Bismuth, Mercury and fine Chemicals used in Medicine and the Arts.